



University of Essex

Practice Placement Guidance Documents

Academic Year 2018/19

**School of Health and Social Care
MSc Occupational Therapy (Pre-registration)
BSc (Hons) Occupational Therapy**

Introduction to OT placement documentation appendices

These appendices illustrate placement paperwork required by OT students and practice educators for all course placements.

It is particularly important that practice educators provide written feedback on placement assessment forms and negotiate individual student learning contracts that are specifically aligned to the placement learning outcomes as outlined in the handbook.

It is particularly important that practice educator written feedback on placement assessment forms as well as the construction of individual student learning contracts be informed by the specific placement learning outcomes as outlined in the placement handbook.

Students are expected to bring with them all placement documentation including assessment forms in the requisite colour coded electronic format as below:

MSc/BSc placements	Placement No	Assessment Form colour
Level 4	1	Yellow
Level 5	2 and 3	Orange
Level 6	4	Green

Students will also assume responsibility for ensuring that all forms are completed and signed alongside their practice educators and then returned to the University at the end of the placement.

Please do not hesitate to contact the practice placement tutor if in doubt about the use of requisite documentation.

For a copy of our most up to date Placement handbooks or Placement documentation please follow this link: <http://www.essex.ac.uk/hhs/placements/default.aspx>

Contents

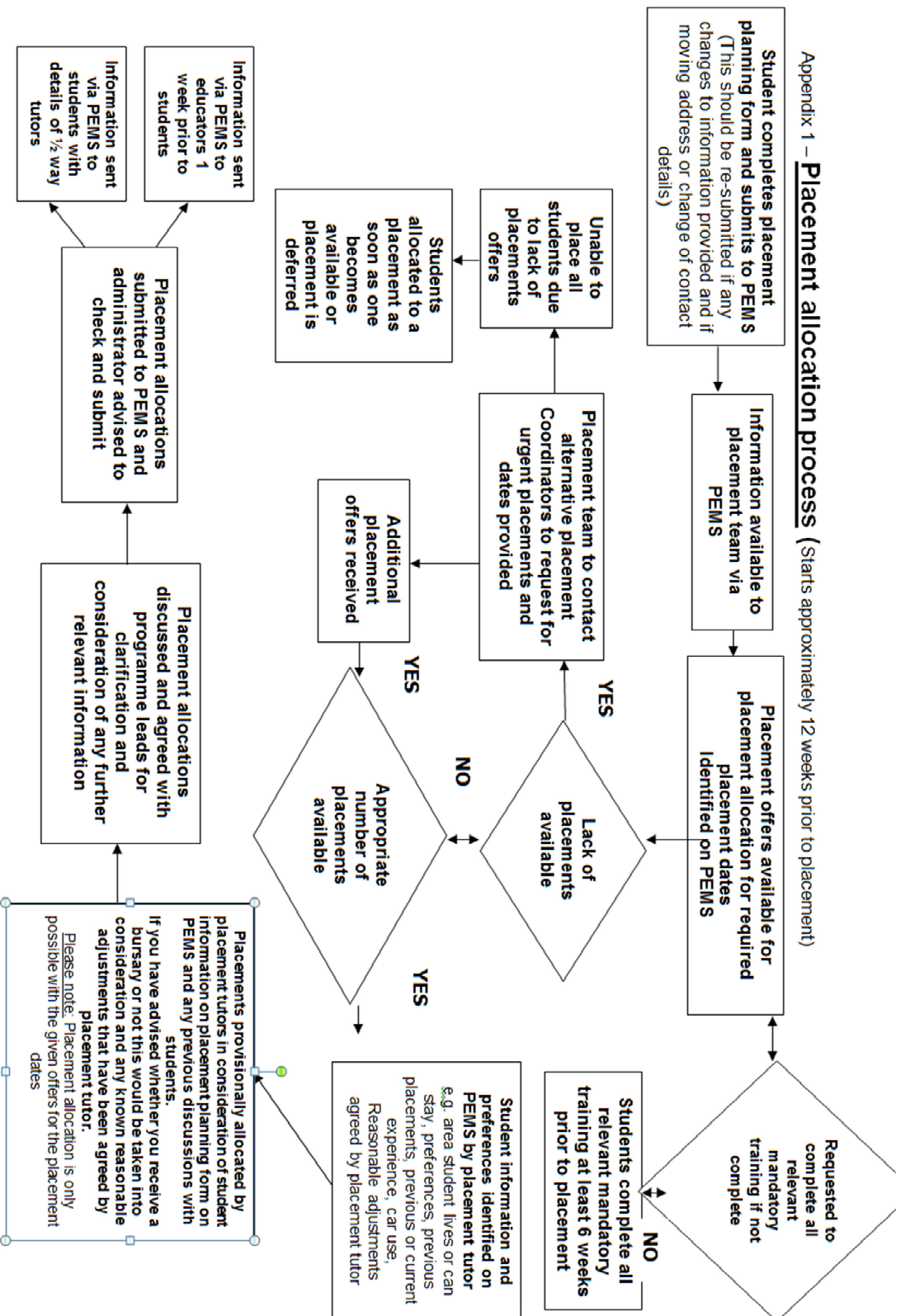
Introduction to OT placement documentation and appendices

Appendix

No.

1	Placement allocation process	4
2	Pre-placement student advance information form	5
3	SWAIN analysis form	6
4	Case study consent form	8
5	Supervision logs	9
6	Weekly action plan	10
7	Learning contract	11
8	Example Learning Contract	12
9	Student Moving & Handling log	13
10	Placement half way tutorial process	15
11	Placement half way tutorial monitoring form	16
12	Student evaluation form	18
13	Practice educator feedback form	22
14	Danger of Failure form	25
15	Danger of Failure Review form	27
16	PDSA Plan	29

Appendix 1 – Placement allocation process (Starts approximately 12 weeks prior to placement)



Appendix 2

School of Health and Social Care OT Student Advance Information for Practice Placement Educators

Student Name:
Address for correspondence:
Tel. No:
Email:

Current Occupational Therapy Working Experience (if applicable)

Practice Placement Experience (in order, include details of name of placement, description of experience gained, role and skills learned)

PP1

PP2

PP3

PP4

PP5

‘SWAIN’ FOR PROFESSIONAL DEVELOPMENT ON PRACTICE PLACEMENT

To complete the **SWAIN** analysis, identify your perceived **Strengths** and areas of **Weakness** for personal and professional development for the next placement experience.

Identify **Aspirations** (what you hope to be able to do or achieve during the placement) and **Inhibitions** (what you think may get in the way of achieving or undertaking your aspirations).

Outline what you feel are your personal and professional development **Needs** for the placement.

This information will enable your educator to plan the placement in relation to your specific learning needs to help form the basis for your learning contract.

STRENGTHS

- I have a positive outlook
- I am very willing to try new practices
- I am good at listening and observing
- I am becoming more confident in writing up notes and use IT record keeping
- I have some experience of working with children (pre-school) as a helper
- I am good at building rapport with people

EXAMPLE ONLY**WEAKNESSES**

- No specific experience working with children with special needs
- Unsure of emotional impact of working with the needs of people in this setting
- Paediatric sessions a start but raised awareness of complexities of working in this setting
- Enthusiasm for taking on too much
- Lack confidence in Supervision discussions

ASPIRATIONS

- I hope to have opportunity to:
- Improve knowledge of developmental stages, syndromes, treatment approaches
- Experience practical approaches to paediatric OT assessment
- Become familiar with range of children's learning and self-care equipment
- Take part in Seating and postural assessment
- Take part in group work sessions
- Be realistic in setting placement goals
- Contribute more actively in supervision

INHIBITIONS

- Opportunities might not occur for the practice experiences
- Educator part-time – who will I go to?
- Lack of experience in this setting

EXAMPLE ONLY

NEEDS

Would like to feel I will develop my knowledge and skill base of paediatric assessment and intervention. Would like to gain confidence in working with service users and their families e.g. in how and what advice will be provided to encourage a child to develop his/her skills. Also in learning how to cope with difficult situations.

Any special considerations for the placement:

I have disclosed a disability or specific learning need to my educator. Yes/No

Date:

Sign by educator:

Sign by student:

If yes, the ways in which this may impact upon my learning experience have been identified and discussed.

Strategies to be implemented include:

Resources Available in the Department

(Identified by discussion with practice educator)

Expected placement start date:	Expected Placement finish date:
Signature	Date

Appendix 4

School of Health and Social Care

Occupational Therapy Case Study Consent Form

I consent to being part of a case study used for the education of the University of Essex Occupational Therapy student named below.

I understand that all my details will remain confidential and will only be used for the purposes of this study and that this form will remain with the occupational therapy service.

Name
Signature
Occupational Therapy Student Name
Occupational Therapy Student Signature
OT Practice Placement Educator's Name
OT Practice Placement Educator's Signature
Date

Please note, it is recognised that it is not always possible to ascertain or accommodate a service users' wishes for mental capacity or legal reasons. In such circumstances you must always act in the service users' best interests and abide by legal and local requirements

N.B. It is important this form must remain within the occupational therapy practice placement education placement setting.

Appendix 5

Practice Placement Supervision Log	Student name:	Date
	Educator name:	Time
Agenda including review of practice & learning/support issues to be discussed	Issues discussed, reflections, learning points and plans for next week	
	Next supervision scheduled for:	Educator Signature:

Appendix 6

Weekly Action Plan – OT Student Name:

Objective – development point	Resources	Action	Met?

Appendix 7

School of Health and Social Care Occupational Therapy Placement Learning Contract

Supervision (how will supervision occur, for how long, when and with whom)

Date Set	Learning Objectives Needs and interests, areas of essential knowledge and skill	Learning Resources Methods and situations for how and when learning can occur	Evidence Opportunities to show that learning objectives have been met	Ongoing (✓)	Date met

Appendix 8

School of Health and Social Care Placement Learning Contract Example

Supervision (how will supervision occur, for how long, when and with whom)

Supervision with Sue will be one hour on Friday mornings at 9.30 in the upstairs seminar room. We will both bring ideas for what we want to discuss

Date Set	Learning Objectives needs and interests, areas of essential knowledge and skill	Learning Resources methods and situations for how and when learning can occur	Evidence and opportunities to show that learning objectives have been met	Date met

Appendix 9

[illegible]

MOVING AND HANDLING LEARNING OBJECTIVES RECORD		
Student Name:		
Date set	Moving and Handling related learning objectives (written in SMART format) and Action Plan (how you are going to achieve your objective)	Date achieved
	Learning Objective:	
	Action Plan:	
	Learning Objective:	
	Action Plan:	
	Learning Objective:	
	Action Plan:	
	Learning Objective:	
	Action Plan:	

Appendix 10: Protocol for tutorial support during placement

Protocol for tutorial support during placement

Practice placements 1-4 (All programmes from 2016 cohort)

By the end of week 1: Placement Lead or Practice educator (university) to make initial contact with students and practice placement educator (separately) to see how the placement is going and to advise on the various support mechanisms available from the university.

Placement lead/practice education (university) to arrange to either telephone or visit the students who have requested support from this email communication.

If the student is at risk of failing the placement, Placement lead/Practice educator to visit within 2 working days Monday-Friday (as per the Danger of Failure (DoF) process).

In all other cases where a visit/TC has not been deemed essential, practice educator (university) to make decision as to who to visit during this round of placements. Practice educator (university) to make contact with these students advising that they will be visited during this placement.

All students will be visited at least once during the programme.

Practice educator (university) will have a system to ensure that all students will be visited at least once, more if needed.

NB: This process will not apply to role emerging placement as these students will be continued to be visited.

The placement contact tutorial is an opportunity for the student and placement educator to review the placement experience, seek support, ask questions and gain further advice and feedback as appropriate. It is an opportunity to review the student's assessment progress and identify recommendations for further development.

One visit is all that is required, however if there are areas of concern identified, subsequent visits can be arranged after consultation with the Practice Placement Lead or Practice Educator. The halfway tutorial contact tutor monitoring form, which is filled out by the tutor, can be found in Appendix 11.

Appendix 11

School of Health and Social Care				
Occupational Therapy Visiting Tutor Practice Placement half-way tutorial Monitoring Form				
Student name/number				Cohort:
Placement number	PP1	PP2	PP3	PP4
Placement Address				
Placement Type				
Practice Placement Educator				
Visit/telephone contact Tutor				
Visit or telephone contact	Visit	Telephone contact	Visit requested	
Date of Visit				

Visiting Tutor formative evaluation. Comments and any advice given regarding points below.	
Student preparation and Placement induction What was useful and why?	Pre-placement visit Pre-placement preparation e.g. reading.....
Learning opportunities & resources	
Learning contract	Learning objectives appropriate? Learning objectives reviewed weekly
Case working responsibilities & expectations	
Supervision	Formal Supervision: 1 Hour weekly Other (please specify)..... Informal Feedback:
Reflection on practice	
Theory underpinning practice/professional reasoning	

Expected developments for 2nd half of placement	PPE/student halfway feedback session: Yes No		
Identified HCPC (2012) CPD activities	Subject identified Consent gained		
Hours/absence/study time	Hours:	Absence:	Study Time: Half day weekly Full day fortnightly Other:
Moving and Handling Experience	Reflected in learning outcomes: Using the moving and handling log:		
Any further comments:			
Potential or actual issues or concerns which may impact on student, educator and/or the placement experience			
Potential or actual issues or concerns raised within the halfway contact: Yes No Initiation of danger of failure procedure:			
Signed:		Date:	

Appendix 12

Student Placement Evaluation Form - Please complete on PEMS

Logged in as: (Programme) (Cohort)

Complete the evaluation form for every placement that you attend

Complete the form for the following Placement

Organisation (Placement)

The dates of the placement were (Dates)

Evaluation of your placement

Pre-placement

I received adequate information about this placement in relation to travel, geography, personnel etc. from the PEMS portal.

Yes

No

Please comment on any other information that would have been useful.

It was easy to contact my practice educator prior to my placement.

Yes

No

Induction

I had a timely induction with my practice educator in which we discussed how to achieve the learning outcomes for the placement.

Yes

No

Please comment on any other information that would have been useful.

My induction included health and safety information

Yes

No

Please comment on any other information that would have been useful.

I was supported by the practice educator to set appropriate goals in my learning contract.

Yes

No

Please comment on anything else that would have been useful.

Support from practice educator

My practice educator helped me to integrate knowledge into my practice

Yes

No

Please comment on anything else that would have been useful.

I received regular feedback about my learning needs and achievements from my practice educator(s)

Yes

No

Please comment on anything else that would have been useful.

I was encouraged by my practice educator to reflect on my practice experience

Yes

No

The support I had to facilitate my learning was appropriate to my stage of education

Yes

No

Please comment on anything else that would have been useful.

I was given guidance and opportunities to focus on the care of specific patients/service users/clients/carers in a caseload appropriate to my stage of learning.

Yes

No

Where appropriate, I was able to work independently.

Yes

No

The types of conditions I encountered matched my expectations.

Yes

No

Please comment on anything else that would have been useful.

I was given the opportunity to gain experience of inter-professional team working

Yes

No

Please comment on anything else that would have been useful.

Preparation for this placement

I felt well prepared for this practice placement by the general information provided within the academic setting.

Yes

No

Please comment on any other information that would have been useful.

Theoretical preparation within the University was relevant to this placement.

Yes

No

Please comment on anything else that would have been useful.

Practical skill preparation within the University was relevant to this placement.

Yes

No

Please comment on anything else that would have been useful.

There were aspects of this placement experience I felt unprepared for.

Yes

No

Please comment on any experiences and specific details of what part of the placement you felt unprepared for.

Support from the University

I received the support I needed from university staff during the placement

Yes

No

The placement visit by the university lecturer was constructive

Yes

No

Visit not undertaken

Please comment on any other support that would have been useful.

I was able to share my placement experiences with students from the same or other disciplines

Yes

No

Final assessment

The halfway and final assessment discussions were constructive in helping me to plan improvements in my future performance

Yes

No

Please comment on any other information that would have been useful.

My learning needs were met on this placement

Yes

No

Please comment on anything else that would have been useful.

I felt able to offer constructive feedback about my experience of the placement to my practice educator

Yes

No

Comments

Please make any comments on what went well or any issues encountered here

What was the most beneficial aspect of this learning experience?

What was the least beneficial aspect of this learning experience?

If you require help, or have any problems with this site, please contact

hhsplace@essex.ac.uk

School of Health and Social Care, Wivenhoe Park, Colchester, Essex, CO4 3SQ, UK
Telephone: +44 (0)1206 874312/874974

Appendix 13

Practice Educator Placement Evaluation Form – Please complete on PEMS

Logged in as:

Please complete the form for the following placement

Organisation (Placement)

The dates of the placement were (Dates)

Evaluation of the placement

Pre-placement

I received sufficient notice that I would be supervising a student and adequate information about this placement from the University of Essex.

Yes

No

Please comment on any other information that would have been useful.

My allocated student contacted me/ the placement area prior to the placement

Yes

No

Induction

The student has had a timely initial induction which included health and safety information.

Yes

No

The student was able to inform me of the learning outcomes they anticipated working towards during the placement.

Yes

No

I was able to meet with the student at the beginning of the placement to discuss how they could achieve the learning outcomes for the placement.

Yes

No

Please comment on anything else that would have been useful.

I had a clear understanding of the requirements for the student's practice assessment

Yes

No

Please comment on any other information that would have been useful.

Support from the University of Essex

I know how and when to contact the University of Essex placement lead if I need support

Yes

No

Please comment on anything else that would have been useful.

I feel adequately prepared to undertake the role of practice assessor

Yes

No

Please comment on anything else that would have been useful.

Please state when and where you last undertook practice educator training.

I find the University of Essex Practice Education Management System (PEMS) a useful means of accessing information

Yes

No

Please comment on anything else that would have been useful.

I feel I received the support I needed from university staff during the placement

Yes

No

None needed

I feel the student received the support they needed from university staff during the placement

Yes

No

None needed

The placement visit by the university lecturer was constructive

Yes

No

Visit not undertaken

Please comment on any other support that would have been useful.

Preparation for this placement

The student was adequately prepared to commence the placement.

Yes

No

Please comment on anything else that would have been useful.

The student had adequate theoretical knowledge relevant to this placement.

Yes

No

Please comment on anything else that would have been useful.

The student had adequate practical skills for this placement.

Yes

No

Please comment on anything else that would have been useful.

There were aspects of this placement experience I felt the student was unprepared for.

Yes

No

Please comment on any experiences and specific details of what part of the placement you felt the student was unprepared for.

Final assessment

The halfway and final assessment discussions were constructive in helping me to reflect on my role as an educator and plan improvements in my future performance

Yes

No

Please comment on anything else that would have been useful.

Overall, I found supporting this student a positive experience

Yes

No

Please make any comments on what went well or any issues encountered here

Appendix 14

See page 49 for University of Essex Danger of Failure Process

Pre-registration Practice Education Danger of Failure Form

This form is an official record of the under-performance of a pre-registration health student. It is completed by the university lecturer in discussion with the practice educator and the student. The use of the form signifies the failure of the student to perform at a satisfactory level, which, if improvement is not demonstrated, is likely to result in the student failing the placement. The form outlines the areas of poor performance and is used to create an action plan to assist the student in improving their performance to the required level. A copy of this form is given to the student, the practice educator and the university lecturer. The original must be given by the lecturer to Jade Shortland for confidential storage in the student's placement file. Educator copies must be treated as confidential documents and must be destroyed when the student finishes the placement.

Student		Date	
Programme of Study		Level/Type of Placement	
Practice Educator		Placement Speciality	
Placement Locality, i.e. trust, hospital		University Lecturer	
Indicators of poor performance: (these must be aligned with the relevant placement learning outcomes)			
Safe practice			
Effective practice			
Informed practice			
Occupational focused practice			
Professional conduct			

Student and date (cont.)	
Objectives to be achieved by first review: (these should include what action will be taken and how success will be demonstrated)	
Objective 1	
Objective 2	
Objective 3	
Objective 4	
Objective 5	
Date of Review: (Usually 1 week after this form is completed and then weekly until student is performing at the required level or has failed the placement).	

Signature of Student	
Signature of Practice Educator	
Signature of University Lecturer	

Appendix 15

Pre-registration Practice Education Danger of Failure Review Form

This form is completed by the university lecturer in discussion with the practice educator and the student. The use of the form acts as an official record of the review of the performance of a failing student. The student, the practice educator and the University must be provided with copies of this form. The original must be given by the lecturer to Jade Shortland for confidential storage in the student's placement file. Educator copies must be treated as confidential documents and must be destroyed when the student finishes the placement.

Student		Date	
Programme of Study		Level/Type of Placement	
Practice Educator		University Lecturer	
Current student performance in relation to the indicators of poor performance identified on the original danger of failure form dated:			
Progress on Safe practice			
Progress on effective practice			
Progress on informed practice			
Current student performance in relation to the objectives to be achieved identified on the original danger of failure form/last review form dated:			
Progress on Objective 1			
Progress on Objective 2			
Progress on Objective 3			
Progress on Objective 4			

Progress on Objective 5	
Summary of student's current level of performance:	
Student and date (cont.)	
Recommended Further Action:	
Is the student now passing the placement? YES NO (If yes the student can be signed off from the danger of failure process below)	
Has the student now failed the placement? YES NO (If yes sign off this form below and complete placement assessment documentation indicating failure of the placement). If you need any assistance/advice please ring Louise Andrews 01206 874312	
Is the student still on a danger of failure? YES NO (If yes indicate objectives to be met by next review, set review date and sign off below)	
Objectives to be achieved by next review:	
Objective 1	
Objective 2	
Objective 3	
Objective 4	
Objective 5	
Date of Review: (Reviews should usually be undertaken weekly until student is performing at the required level or has failed the placement)	

Signature of Student	
-----------------------------	--

Signature of Practice Educator	
Signature of University Lecturer	

Appendix 16

PDSA Plan

Summary of idea	In BRIEF, describe your Service Improvement Idea? (approximately 100 words)
AIMS	<ul style="list-style-type: none"> • What do we want to achieve? • What is preventing us from achieving it? • How much benefit do we expect to get from our improvement?
<p>Problems: (What is the problem you have identified?)</p> <p>Root causes: (What are the various reasons for this problem?- link to Fishbone diagram if necessary)</p> <p>Aims: (What are we trying to achieve?)</p> <p>Expected quantity of benefits: (How will this help? Quantity/Quality)</p>	
MEASUREMENTS	What are we going to measure? Please include a separate measurement plan with more detail and any check sheets or templates to be used in collecting measurement data.
CHANGES	<ul style="list-style-type: none"> • What are we going to try? • Who is going to do what, when (please include a Gantt chart if required)? • What else do we need to get in order to try our idea?

OTHER	Do we need a roll-back plan? Who else (stakeholders) might be affected by our changes?

Things you may need to consider:

Process analysis and redesign

- As Is process map
- ID – waste, variation, bottlenecks
- Root cause diagram
- To Be process map

Impact analysis

- Stakeholder map and plan
- SIPOC

Implementation planning

- Business case
- Benefits map
- Gantt chart
- Measurement plan
- Roll-back plan

Measurement Plan

General Information	<ul style="list-style-type: none"> • Improvement name and summary. • Purpose of measurement: what do we want to know? (root cause, validation, sustainability, spread). • How often and for how long will the measurement happen?
SELECT	<ul style="list-style-type: none"> • What set of measurements will be done? <ul style="list-style-type: none"> ○ Direct or indirect (if indirect, how will measuring this tell us what we want to know). • Are quality and quantity measurements included in the set? • Please include selection matrix if required.
DEFINE	<ul style="list-style-type: none"> • What operational definitions have been agreed? • How will we ensure that different people will measure things the same way?
SAMPLING	<ul style="list-style-type: none"> • Is the process stable enough to use sampling? • How certain do we need to be?
WHO / BIAS	<ul style="list-style-type: none"> • Who will do the measuring and how will bias be minimized?
CHECKSHEETS / TEMPLATES	Please show copies of any check sheets and templates to be used to record the measurements.

VALIDATE	<ul style="list-style-type: none">• How has the measurement been validated?
-----------------	---

Checklist for completion of the assessment booklets

Please indicate the following for completion of the assessment booklets prior to returning to the university.

1. All details completed on front page

Note: This includes student number, full placement address, full name of practice educator, final grade, completed hours, placement dates and total no. of absence completed.

☐

2. SWAIN analysis completed, signed and dated.

☐

3. Practice Education Placement Student Induction Record

☐

4. Placement learning contract completed

☐

5. Part 1 – Professional conduct completed

☐

6. Part 2 – Professional practice areas Half way assessment and final assessment forms completed.

☐

7. All relevant boxes with final pass/fail mark completed on Assessment summary page including overall Pass or Fail

☐

8. Educator completed general comments box on assessment summary page and both student and educator must sign and date

☐

9. Attendance record completed

Note: This should be completed whether you have had any absence or not and must be signed by the educator. You must notify the University of absences whilst on placement (as per Placement Handbook).

☐

10. Record of practice hours completed with total for each week and final total checked and signed by both student and educator.

☐