



NUI Galway
OÉ Gaillimh

COLLEGE OF MEDICINE, NURSING & HEALTH SCIENCES

Discipline of Occupational Therapy

Practice Educators Handbook

*B.Sc. in Occupational Therapy
National University of Ireland, Galway*

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Introduction

Introduction

We are delighted that you have decided to be a practice educator for the National University of Ireland, Galway (NUI, Galway). This handbook aims to provide you with the information necessary to manage a practice education placement for a student from this University and to support you through the process so the student has the best learning opportunity possible and it is a rewarding experience for both of you. We are grateful for all those therapists who participated in our practice educators' workshops and wish to acknowledge that some of the contents of this handbook are as a result of discussions that took place on those days.

While all occupational therapy staff at the University have an interest in practice education within the context of their teaching, administration or research duties for the overall course, the practice education co-ordinator has particular responsibility for practice education.

We foster a culture of continuous quality improvement whereby developments in practice education are initiated, implemented and reviewed by the practice education co-ordinator together with colleagues from practice education and the students themselves. We will elicit feedback from you and the students after the placement regarding the assessment procedure, level of support from the University etc.

The practice education co-ordinator will incorporate, where applicable, the suggestions and ideas submitted by practice educators so that the University can work in partnership with therapists to improve our organisation and implementation of practice education placements.

Contact details for Practice Education Co-ordinator:

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Overview of the Degree Programme in Occupational Therapy

The aims for this programme have been modelled on the entry level Occupational Therapy Competencies which were devised by the Therapy Project Office (2008).

Overall Programme Aims:

1. Graduates will understand the dynamic relationship between the person, occupation and context and be able to apply this knowledge to the Occupational Therapy process with a wide variety of clients.
2. Graduates will be able to develop and maintain therapeutic and professional relationships in a fair and equitable manner which will facilitate delivery of occupational centred services to a broad range of clients, carers, colleagues and the community at large.
3. Graduates will be able to communicate effectively both formally and informally, verbally and non-verbally in an open, honest and professional manner.
4. Graduates will be able to work effectively as a team member, facilitating inclusion, working in collaboration, respecting diversity and dealing with conflict appropriately to ensure client centred interventions.
5. Graduates will have knowledge and understanding of the Occupational Therapy process and be competent in applying this process in a client centred manner within a variety of contexts.
6. Graduates will be able to prioritise and manage an appropriate caseload, efficiently and equitably in accordance with local policy.
7. Graduates will have the knowledge, skills and attitudes necessary to engage in critical reflection and evaluation of practice.
8. Graduates will have the knowledge, skills and attitudes necessary to conduct themselves in a professional manner in compliance with relevant ethical, legal and moral principles.
9. Graduates will be able capable of providing an appropriate, flexible and timely interventions delivered to the highest possible standard within the constraints of services and evaluate, adjust and amend these interventions as appropriate.
10. Graduates will have knowledge and understanding of the processes involved in evidence based practice and be able to apply appropriately.
11. Graduates will be able to identify appropriate research questions and have the appropriate skills to design and carry out research to address these questions.

12. Graduates will be capable of applying relevant legislation, policies and national guidelines to practice.
13. Graduates will be able to take responsibility for their own continuing professional development in accordance with the framework of the relevant national body.

Students keep a portfolio of their development throughout the four year programme and must supply evidence within this of achieving all of the programme aims.

Outline of Programme Modules for Years 1- 4

Year	Modules: Semester 1	Modules: Semester 2
1	Human Body Function Psychology 1 Principles for Practice Enabling Occupation – Mental Health	Human Anatomy Psychology 2 Enabling Occupation – Physical Dysfunction Fundamentals of Occupational Therapy 1 Groupwork
2	Neuroanatomy Neurophysiology Health Psychology Enabling Occupation with Children Enabling Occupation Learning Disability Fundamentals of Occupational Therapy 2	Practice Education 1 (Level 1) Practice Education 2 (Level 1) Case Study 1 Case Study 2
3	Evidence Based Practice Standardised Assessments Fundamentals of Occupational Therapy 3 Enabling Occupation - Older Adults Cognitive Neuropsychology Emerging Areas of Practice in Occupational Therapy	Research Methods Enabling Occupation - Community Practice Fundamentals of Occupational Therapy 4 Emerging Areas of Practice in Occupational Therapy Social Policy Neurology
4	Practice Education 3 (Level2) Practice Education 4 (Level 2) Case Study 3 Case Study 4	Preparation for Practice Management/Leadership Research Project

Section 1: Practice Education at NUI Galway

1.1 Introduction

Practice education is a process of work based learning which involves a partnership between the practice educator and the student in the practice setting. Under the World Federation of Occupational Therapists (WFOT) Revised Minimum Standards for the Education of Occupational Therapists (2002) all students are required to complete a minimum of 1,000 hours of practice education successfully under the supervision of a qualified occupational therapist.

In the NUI, Galway programme, the bulk of practice education takes place in Years 2 and 4. There is a one-week observation placement at the end of Year 1. Students also engage in occupational therapy practice during the third year of the programme via the Emerging Areas of Practice in Occupational Therapy Module (see Appendix A for details). At present the hours spent by students in this module are not included in the calculation of practice education hours however the Discipline recognises that students gain valuable experience during this module which will contribute to their professional development as occupational therapists.

1.2 Aims of Practice Education

Practice education comprises more than a quarter of the Occupational Therapy course. It allows students to observe and practice in a variety of settings and to experience the future work environment. During practice education the student develops, demonstrates and achieves competence to practice and links theory to practice supporting the academic curriculum.

The experience provided in the placement should reflect the students' level of training and competence. It will include active learning of Occupational Therapy practice under the supervision of a named qualified Occupational Therapist with at least one year clinical experience who is a designated practice educator (AOTI Minimum Standards for Practice Education in Ireland, 2008).

Practice education aims to introduce the students to the culture of the occupational therapy profession and to enable them to become socialised into the profession. It facilitates the development and application of the knowledge, attitudes, values and skills needed for the execution of appropriate professional behaviours. It also gives the opportunity to practice under supervision, and be assessed on professional standards and behaviour, ethical practice and inter professional partnership.

The main aims of practice education are:

- To integrate theory, practice, ethics and values of occupational therapy
- To apply knowledge, professional reasoning and professional behaviour within practice
- To develop skills and attitudes in implementing the occupational therapy process
- To promote professional competence
- To work as an effective team member

- To promote professional confidence
- To provide opportunities for students to integrate theoretical and practical learning
- To facilitate consolidation of student's previous learning

To achieve these aims, practice education for each student, across the degree programme will be organised so that it incorporates the following parameters as recommended by the Minimum Standards (WFOT 2002) during the 1,000 hours:

- Diversity of personal factors including gender and ethnicity
- Diversity of health conditions
- Diversity of delivery systems

Other areas of diversity which may be included are:

- Individual, community and population approaches
- Emerging services.

(WFOT 2002)

The academic and practice education curricula combine to form a complete educational programme which is designed to ensure that students develop and attain the abilities required of an occupational therapy student, to be eligible to qualify as a basic-grade occupational therapist.

Timetabling of Practice Education:

The one-week observation placement takes place in either May or June.

	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Y1									1 Wk			
Y2					Placement Level 1 – 2 x 8 weeks + vacation							
Y3												
Y4	Placement Level 2 – 2 x 8 weeks											

1.3 Role of the Practice Education Co-ordinator

The Practice Education Co-ordinator is the first point of contact for occupational therapy practitioners who wish to discuss anything relating to practice education placements. Together with regional placement facilitators, s/he will seek placements both in traditional and new settings including hospital and community based services where students can experience and apply theory and core skills which they have been introduced to during academic studies.

The practice education co-ordinator's duties include the following:

- Support regional placement facilitators, practice tutors and practice educators
- Brief practice educators about students' knowledge and skills requirements for placements
- Enhance educational abilities of those directly involved with practice education placements
- Undertake research in the area of practice education
- Contribute to the administrative duties of the Discipline of Occupational Therapy and the School of Health Sciences at the University
- Design and implement practice education courses and meet ongoing training needs for practice educators.
- Contribute to teaching/lecturing where appropriate
- Develop placement frameworks in consultation with regional placement facilitators and practice tutors
- Liaise with colleagues in the community concerning placements for students
- Visit placement sites to set up placements and support students and practice educators
- Oversee administrative arrangements for practice education placements for students
- Prepare students for practice education placements and debrief them following placements

Please do not hesitate to contact the Discipline on (091) 495294 should you wish to discuss how practice education could be further supported in your setting.

1.4 Role of the Lecturers in Practice Education

Lecturers at the University are responsible for ensuring that students are familiar with theory needed to guide placements. They introduce students to the skills and techniques needed for placement and ensure that the students develop independent learning skills so that they can make use of learning opportunities and resources. Each student has an occupational therapy lecturer who acts as personal tutor to them. Should the practice educator need to contact the University regarding a student and the practice education co-ordinator is unavailable, the student's personal tutor can be contacted. Lecturers are always available to assist if problems arise during placement and the practice education co-ordinator is not available.

1.5 Role of the Practice Educator

The practice education experience provided in the placement should reflect the students' level of training and competence. It includes active learning of occupational therapy practice under the supervision of a named qualified Occupational Therapist with at least one year clinical experience who is a designated practice educator.

The role of the practice educator includes the following:

- Orientation of student to placement
- Agree a learning contract with student
- Provide opportunity for student to participate in appropriate learning situations
- Facilitate student to practice occupational therapy skills and techniques
- Encourage development of student's clinical reasoning skills
- Provide opportunity for student to work on multi-disciplinary team
- Provide appropriate supervision and feedback on progress
- Evaluate student performance on placement
- Submit appropriate documentation to University

1.6 Role of the Students in Practice Education

The University aims to enable the students to become self-directed learners. They will be responsible to conduct themselves in a professional manner and to be cognisant of safety and well-being of the client, carers and significant others at all times. With regard to placement the student will:

- Write to the supervisor at least two weeks in advance of placement introducing themselves and providing previous practice education experience – a brief C.V.
- Agree a learning contract with the practice educator
- Display professional behaviour at all times
- Accept and respond to feedback
- Take responsibility for own learning
- Participate actively in supervision

1.7 Contribution of Practice Education to Final Degree Classification

Practice education does not contribute directly to the final degree classification in the B.Sc. in Occupational Therapy at NUI, Galway. This decision has been based on the fact that there is considerable disagreement as to how such a contribution could be achieved and to the fact that there is no reliable, valid method of ensuring standardisation of practice education placements, practice education assessments or transfer of practice education assessment to academic marks. Westcott and Rugg (2001) reviewed the situation in Ireland and the United Kingdom with regard to contribution of practice education to final degree classification and found considerable variation both with regard to whether practice education contributed to the final degree classification and with how this was managed where it occurred.

The main argument for including practice education in the final degree classification is to acknowledge that practice education has an equal standing with the academic components of the course. While this is fully accepted, there are numerous practical problems which preclude including a practice education mark per se in the final classification of the degree. These include the fact that practice education is not always assessed consistently; that different placements offer different opportunities some of which may be more challenging than others and that the subjective nature of practice education assessment leads to questionable reliability and validity.

In light of this, it has been decided that during each placement, students will write an academic case study which will be marked at University. Marks for the case studies in Year 4 will contribute to the final degree classification. Case studies are also expected to reflect the students' development over the years with increasing emphasis on 'clinical reasoning case studies' by the final year placement (Neistadt, Wight & Mulligan, 1997).

1.8 Learning during Practice Education Placement

All teaching, learning and assessment is designed to encourage the analysis, synthesis and application of material from a variety of sources. Ultimately, the aim is to encourage the development of reflective practice. Throughout the programme the students are encouraged to use clinical reasoning skills in order to become active and reflective participants in their own learning. One of the most significant learning experiences they have is their experience of practice education when they have the ideal opportunity to become reflective practitioners. It is reflection that enables the learner to process their experiences consciously in order to identify and understand what has been learned. Reflection involves the learner revisiting the experience and considering it as objectively as possible. To aid reflection the student must keep a reflective log whilst on placement. This is their own personal log of learning experiences and will not be read by anyone without the student's permission. Students are expected to use this log in supervision. The student is also expected to be a self-directed learner and thus should direct the process of drawing up the learning contract.

1.9 Who to Contact at University Regarding a Student on Placement

The practice educator can contact the University to gain support, guidance or information at any point whilst the student is on placement. The person to contact first is the practice education co-ordinator; if s/he is unavailable contact one of the lecturers, if neither of these parties are available contact the Head of Discipline.

Jackie Fox (Practice Education Co-ordinator)	(091) 492957
Agnes Shiel (Head of Discipline)	(091) 492957
Dorothy Armstrong (Lecturer)	(091) 492957
Manigandan Chockalingam (Lecturer)	(091) 492957
Margaret McGrath (Lecturer)	(091) 492957

Section 2: Practice Education Placement

2.1 Observation Placement (Year 1)

Students will be required to spend one week on placement during the summer break. This will be arranged by the practice education co-ordinator. Supervision for this placement can be offered by any qualified Occupational Therapist.

1) Objectives

The objectives of the one week practice education placement are to provide the student with the opportunity to:

- Observe a qualified Occupational Therapist in practice
- Identify and understand the role of the Occupational Therapist in the context of the work environment
- Apply knowledge acquired in the first year to a workplace environment
- Learn about the realities of professional practice
- Demonstrate professional behaviour
- Develop professional communication skills
- Develop professional identity as a student Occupational Therapist
- Find out how Occupational Therapy developed in the service

2) Assessment

Practice Educators will be asked to fill in an “Observation Placement Assessment Form” (Appendix B).

3) Learning Outcomes

At the end of the week the student will be able to:

- Respect the confidentiality and dignity of clients / consumers / patients
- Demonstrate awareness of the ethical considerations of providing intervention
- Demonstrate that they have begun to develop professional communication skills
- Begin to develop understanding of the relationship between the academic and professional aspects of the course

4) Assignment

Students will be required to write an occupational analysis. The information will be sourced through an interview by the student with a client or carer who has been selected by the practice educator. This will be completed during the summer break and will serve as a tool to encourage students to reflect on the experience of their first year and provide case material for assessment and group sharing during their modules in year two. Students have been advised to discuss this occupational analysis with their educator on their first day and plan for how they will carry this out. Where possible, they should observe the client undertaking the occupation. If this is not possible, they can interview the client/carers if appropriate.

Format for Occupational Analysis

1000 words (From Willard & Spackman's Occupational Therapy, 10th Ed. Pg. 196).

- Title of Occupation
- Equipment Needed
- Organisation of Physical Space
- Social Demands
- Sequence and Timing
- Required Actions
- Required Body Structures and Functions
- Safety Hazards
- Performance Patterns
- Personal Context
- Spiritual Context
- Temporal Context

2.2 Level 1 Practice Education (Year 2)

Level 1 placement refers to the two placements in Year 2.

Content

Level 1 practice education concentrates on students developing general skills (Evenson, Barnes and Cohn, 2002). A level one placement should contain elements of the following appropriate to the student's level of experience and to the placement environment:

- Occupational Therapy assessments – observation, informal assessment, interview, standardised assessments
- Identification of patients /clients needs
- Planning of appropriate Occupational Therapy intervention
- Evaluation of treatment outcomes
- Identification of future Occupational Therapy interventions which may be required
- Use of appropriate treatment media and techniques
- Development of personal, professional and management skills
- Development of reflective practice
- Multi professional collaboration and working as a member of a multidisciplinary team

Aims of Level 1 Placement

Following a level one placement the student should have demonstrated the following to an appropriate standard:

- Write a report on the application of the occupational therapy process to a specified client group
- Consult a variety of sources and use the information critically to inform the report
- Demonstrate knowledge of the illness experience
- Evaluate the occupational therapy intervention for the client group
- Relate clinical decisions to evidence
- Include pragmatic consideration of healthcare resource
- Use research findings to justify therapy programmes

Assessment

Students will be assessed using the practice education assessment form for a level one placement (Appendix C). They will also submit a case-study for each level one placement which will be marked at University (see Appendix D for guidelines).

The case study will comprise a study of occupational therapy intervention for one client. The case study should contain the following elements:

- Demographic data (5 marks)
- Initial assessment (10 marks)
- Occupational problems (10 marks)
- Goals of intervention (10 marks)
- Intervention plan (45 marks) – model of practice used, frame of reference, treatment approaches (20 marks), evidence for the efficacy of the treatment approach(es) (25 marks)
- Description of treatment sessions (10 marks)
- Evaluation of intervention (10 marks)

Evidence of research in the academic literature to select appropriate models of practice and occupational therapy interventions which reflect evidence based practice must be included.

2.3 Level 2 Practice Education (Year 4)

Level two placements refer to placements taking place at the beginning of Year four. By this stage of the course, students should be active learners and take more responsibility for their own personal and professional development.

On these placements, students are expected to apply a more focused approach and the integration of knowledge from previous academic modules with experience from practice education to select appropriate models of practice is required to determine treatment and identify expected outcomes. Using evidence from the literature appropriately to guide interventions and documenting the interventions and results precisely is also required.

Learning Outcomes

By the end of the level two practice education placement, in addition to the requirements of level one, students should have achieved the following:

- Write a report on the application of the Occupational Therapy process to a specified client group
- Consult a variety of sources and use the information critically to inform the report
- Demonstrate knowledge of the illness experience
- Evaluate the Occupational Therapy intervention for the client group
- Relate clinical decisions to evidence
- Include pragmatic consideration of healthcare resources
- Use research findings to justify therapy programmes.

Assessment

Students will be assessed using the practice education assessment form for a level two placement (Appendix E). They will also submit a case-study which will be marked at University.

Advanced Case Study

During each level two placement, students will be required to carry out an advanced case study. This will comprise a study of occupational therapy intervention for one patient or client. The case study should contain the following elements:

- Demographic data (5 marks)
- Initial assessment (10 marks)
- Occupational problems (10 marks)
- Goals of intervention (10 marks)
- Clinical reasoning process
- Intervention plan (45 marks) – model of practice used, frame of reference, treatment approaches (20 marks), evidence for the efficacy of the treatment approach(es) (25 marks)
- Description of treatment sessions (10 marks)
- Evaluation of intervention (10 marks)
- Critical evaluation of own professional performance

Evidence of research in the academic literature to support selection of models of practice and occupational therapy interventions and to reflect current theory and practice must be included.

Role of the Practice Educator regarding the Case Studies

The practice educator will allocate the client for the case-study to the student. This would usually happen in the first few weeks of placement. The client should be a 'typical service user'. The student may be asked to present the case-study to the team and be given appropriate feedback.

Section 3: Preparation for Practice Education

3.1 Student Preparation for Practice Education

All Year Two students will be issued with a practice education handbook in December. The preparation for practice education module runs in Semester one of year two.

Preparation for placement in year two includes the following:

- How to use learning logs/ portfolios/ practice education diaries
- Writing a learning contract
- Setting learning aims and objectives
- Reflective practice
- Educators expectations
- Dress code
- Record and report writing
- How to manage stress
- Practice education assessment procedure
- Moving and handling
- Infection control
- Supervision
- Ethics and confidentiality
- Time management and managing learning and workloads in practice education

In addition to this, students will be briefed on all documentation pertaining to practice education, including timesheets and assessment forms. Students will come to placement with five learning objectives.

- Occupational Competency
- Communication Competency
- Occupational Therapy Process Competency
- Professional Behaviour Competency
- Professional Development Competency

During the summer of third year (prior to commencement of level two practice education) students will return to the University for preparation for practice education. In addition to revisiting the topics above, students will be reminded about the procedures for completion of placement documentation. They will also be reminded of personal management methods for practice education. Students will review their strengths and weaknesses with regard to their upcoming placements and set realistic goals on which to base their learning contracts for level two placements.

3.2 Practice Educator Preparation

Practice educators are invited to participate in Practice Education Training prior to commencing the placement. Educators do not need to have completed this training in order to accept students on placement.”

In recent years, Practice Education Training has been offered in twice-yearly Interdisciplinary workshops, in conjunction with the Discipline of Speech and Language Therapy, NUI Galway.

Aims of Practice Educators’ Workshop:

- That supervisors will be clear about what the students should know when they arrive on placement
- To clarify practice educators’ expectations of the students
- To forge strong links and continuity between the academic and practice education components of the course
- To clarify the aims and objectives of level one practice placement
- To explain the role of the University and supervisor during the placement
- To clarify the contribution of practice education to the final degree
- To clarify procedures for resolving difficulties on placement
- To explain the protocol in dealing with the failing student
- To deal with time-tabling issues
- To introduce the learning contract, induction procedures and learning styles
- To introduce the assessment process

3.3 Practice Educator Programme Planning

All practice educators should plan a programme of training and activities for each student they will supervise.

Why?

- To provide information
- To communicate expectations
- To provide a structured timetable that is logical to follow
- To give students confidence in the placement
- To remove confusion
- To decrease student’s anxiety

When?

- Before the student arrives
- After the student has arrived – a continuous process (modified to meet individual student needs)

During previous practice educators’ workshops the occupational therapists compiled a list of items that could be included in an induction pack and things that could be covered on an induction day. The following is a summary of their recommendations.

Suggested Content of Induction Package:

- Department dress code
- Service information
- List of members of the multi-disciplinary team with contact details where appropriate
- Samples of standard documentation e.g. referral forms etc.
- Outline of the referral procedure
- Department policies and procedures
- List of medical conditions usually encountered in the department
- Health and safety regulations and procedure
- Map of hospital/ unit etc.
- Outline of the management structure
- List of assessments used in the department
- Area map
- Working hours
- Library facilities
- List of recommended reading
- Commonly used abbreviations
- Telephone procedures and dialling codes
- Emergency numbers in service, e.g. cardiac team
- Car parking facilities or information on public transport

Suggested Content of Induction Day:

- Tour of department
- Introduction to multi-disciplinary team
- Orientation to facilities on site e.g. toilets, canteen, fire exits etc.
- Department routine e.g. lunch breaks etc.
- Security procedures

Students could add information to the induction package and could devise a resource file for subsequent students.

Website

The Practice Education section of the Discipline of Occupational Therapy website can be found at

http://www.nuigalway.ie/faculties_departments/occupational_therapy/practice_education.html.

Here you will find all the documentation and information you need to prepare for a student placement including:

- Observation Assessment Form
- Level 1 Assessment Form
- Level 2 Assessment Form
- Student Reflection Form
- Forms to guide formal supervision
- Learning contract outline

Please note that the assessment forms can be completed electronically, printed, signed, and posted back to the University at the end of placement. The comment boxes can be enlarged online, and then printed, to allow for additional comments if you wish.

Section 4: Starting Practice Education Placement

4.1 Student Orientation and Expectation of Practice Education

The purpose of student orientation is to create a low stress introduction to the unit where there can be a two way exchange of expectations; a positive environment which can help encourage and motivate the student; and an efficient way to convey information, set the ground rules and avoid future misunderstandings.

As part of the orientation the student should receive specific learning objectives and the student programme for the practice education placement within the first few days of starting.

The student and practice educator should ensure the student takes advantage of appropriate learning opportunities. This includes client contact; visits; seminars; and learning packages.

Expectations: Practice Educator of Student:

- An introductory letter from the student at least two weeks before the placement
- A well groomed student, dressed appropriately for work
- An interested student keen to learn
- A certain degree of apprehension
- Some knowledge of clinical subjects
- A student who makes use of previous knowledge
- An organised approach to work by the student
- Be advised by the student if difficulties are occurring
- The student to accept and benefit from feedback
- A self-directed learner

Expectations: Student of Practice Educator:

- A welcome and introductions
- Be orientated to the department/ unit/ hospital etc.
- A timetable
- A supervisor with whom s/he will be working closely throughout the first week
- Exposure to clients in a variety of settings
- To see settings in which s/he can develop his/her sense of being an occupational therapist
- An introduction to the types of health problems assessed and treated by the occupational therapist
- To observe the educator working with clients
- To carry out with clients those tasks previously observed being done by the educator under minimal supervision
- To be advised via feedback, his/her strengths and weaknesses
- To gain confidence in his/herself via interaction with his/her peers, the staff and the clients

4.2 Professional Practice Placement Objectives (Level 1)

Professional Behaviour and Development

That the student should demonstrate ability to:

- Present oneself appropriately for the professional work environment
- Develop professional relationships with patients/clients
- Engage the client/individual in the OT process
- Engage the clients/groups in the OT process
- Develop professional relationships with staff
- Demonstrate reliability in carrying out delegated responsibility
- Show initiative in routine matters
- Accept direction and use feedback on performance
- Seek out learning and development opportunities
- Abide by the ethics of the profession
- Demonstrate reflective practice

Management

That the student should demonstrate ability to:

- Discuss informally aspects of professional work
- Report verbally in formal situations
- Write appropriate reports
- Show awareness of the working relationships between members of the intervention/treatment team
- Contributions to team meetings
- Take delegated responsibility for maintaining physical resources within the department
- Carry out tasks related to departmental management
- Implement safety and emergency procedures
- Keep and understand appropriate records
- Identify priorities in work allocated

Professional Practice

That the student should demonstrate ability to:

- Participate in selecting appropriate methods of assessment
- Use assessment methods available to the department
- Show practical use of knowledge gained of various types of dysfunction in working with patients/clients
- Explain principles of OT intervention
- Participate in devising intervention plans
- Participate in selecting and using appropriate media/resources
- Participate in implementing planned intervention
- Participate in evaluating the outcomes of intervention
- Modify intervention plans as required
- Make recommendations for future management

4.3 Professional Practice Placement Objectives (Level 2)

Professional Behaviour and Development

That the student should demonstrate ability to:

- Present appropriately for the professional work environment
- Develop professional relationships with patients/clients
- Engage the client/individual in the OT process
- Engage the clients/groups in the OT process
- Develop professional relationships with staff
- Demonstrate reliability in carrying out delegated responsibility
- Show initiative in routine matters
- Accept direction and use feedback on performance
- Demonstrate reflective practice
- Seek out learning and development opportunities
- Abide by the ethics of the profession

Management

That the student should demonstrate ability to:

- Discuss informally aspects of professional work
- Report verbally in formal situations
- Write appropriate reports
- Liaise appropriately with other members of the intervention/treatment team
- Contribute to team meetings
- Take responsibility for maintaining physical resources within the department
- Carry out tasks related to departmental management
- Implement safety and emergency procedures
- Keep and justify departmental records
- Manage a case-load efficiently

Professional Practice

That the student should demonstrate ability to:

- Select appropriate methods of assessment
- Use assessment methods available to the department
- Show practical use of knowledge gained of various types of dysfunction in working with patients/clients
- Explain principles of OT intervention
- Devise detailed intervention plans
- Select and use appropriate media/resources
- Implement planned intervention
- Evaluate the outcomes of intervention
- Modify intervention plans as required
- Make recommendations for future management

4.4 Devising a Learning Contract

Learning Contracts should specify the following:

- The learning objectives or goals to be achieved
- The support required and resources available
- Details of how learning goals or objectives will be addressed
- The timeframe within which goals or objectives should be achieved
- The nature of the evidence that will indicate when goals or objectives have been met
- The criteria to be used to assess the evidence
- The signatures of the parties involved in the contract

Twelve steps to working through a learning contract:

- Step 1: The Learner's needs or gaps in knowledge or skills are clarified: student identifies strengths, knowledge and skills and identifies weaknesses in relation to current placement. Practice educator can provide guidance.
- Step 2: Learning outcomes are defined: Agreeing on what will be achieved in a defined timescale.
- Step 3: Learning opportunities and resources needed to attain outcomes are identified e.g. literature, technology, members of the multi-disciplinary team etc.
- Step 4: The process by which learning is to occur is specified in a plan. Plan reflects learning strategies to be used.
- Step 5: Responsibilities of the people involved are detailed.
- Step 6: Timeframe for completion is determined: Practice educator facilitates the student to set a realistic timeframe.
- Step 7: The criteria against which the achievement of goals is to be assessed are recorded: A checklist for the evidence required to ensure that the terms of the learning contract are fulfilled.
- Step 8: The learning contract is signed by both or all parties: shows commitment to a contractual activity.
- Step 9: The learning activities are undertaken: New themes or interests may emerge though original outcomes should not be discarded.
- Step 10: The contract is revisited and revised as necessary as the plans progress.
- Step 11: Outcomes are evaluated against the recorded criteria: Good to consider what helped or hindered learning process.
- Step 12: Future needs may indicate a renegotiation of the contract.

A sample format for the Learning Contract is included in Appendix F.

4.5 Dress Code

Students are expected to wear the standard uniform for occupational therapy students at NUI Galway whilst on placements where a uniform is worn by the practice educator or by the clinicians working in the department. In placements where a uniform is not appropriate students must wear their student name badge at all times unless advised not to by the practice educator. Students will adhere to the dress code of the practice placement. It is important that students become aware of the need to create the appropriate professional image in order to gain credibility and the confidence of their clients. The following dress code has been drawn up to assist them in this:

- No jewellery may be worn with the exception of wedding rings and a single stud earring in each ear. Wrist watches may not be worn on physical hospital placements in line with HSE infection control policy
- Long hair should be tied back
- Clothes should be clean and pressed
- Clothes should be appropriate to working in the placement environment e.g. smart trousers/skirt/dress etc
- Footwear should be suitable for moving and handling
- Jeans, leggings or skirt less than 18" long must never be worn
- Perfume or aftershave should not be worn as it can cause an allergic reaction with some clients.

4.6 Attendance

Full attendance by the student to the practice education placement is expected. If the student does need to be absent they must telephone their practice educator directly (or in their absence, another member of staff) at the beginning of the day and must also notify the University. A medical certificate must be submitted for absences of three days or more. It is the responsibility of the student to forward the medical certificate to the Practice Education Co-ordinator (PEC). The PEC will inform the Practice Educator of the date the student is due back on placement. Students who miss more than five days of the placement must make this time up. This will be negotiated between the practice educator, student and if necessary the University. Students are expected to be punctual for all appointments at all times. A log of hours spent on practice education must be kept by the student and educator. This is included in the assessment form, and must be completed by the end of placement.

4.7 Study Time

Practice educators can arrange for each student to have one half day per week (three hours) available for personal study at a time of mutual convenience. This time must be used to read up on medical, social and occupational therapy aspects of the condition treated, to work on case studies, research project, or to write up any work required by the educator, but it is not meant for clinical duties e.g. writing progress notes etc. It is not to be considered as "time off". The student and educator should decide on goals for this study

time in their supervision sessions. The hours are included in the total practice experience hours worked. The study time is to be arranged at the convenience of the practice educator and can be on different days at different points in the placement. It is also expected that students undertake a certain amount of study outside the working day e.g. writing up case study, learning about new conditions, refreshing knowledge of Models of Practice/ Frames of References / Treatment Approaches etc.

4.8 Ethics and Professional Behaviour

Students will behave in a professional manner at all times. They will be particularly cognisant of issues relating to confidentiality and will be careful to respect the client/professional boundaries that exist in a therapeutic relationship. Students are familiar with and will abide by the Irish Association of Occupational Therapists Code of Ethics and Professional Conduct (AOTI 2007)

4.9 Health and Safety

Students have been given health advice by the School of Health Sciences. They have been supplied with information relating to health and safety issues (see Appendix G).

4.10 Garda Clearance

Beginning in 2006, students being offered a place on the B.Sc. in Occupational Therapy course will be sent a Garda Clearance form to complete prior to commencing the course. Garda Clearance will be obtained from the University.

4.11 Use of Private Cars by Students

It is the policy of the University that students do not carry service users in their cars. If students are required to use a car to travel during placement, then they need to indemnify the placement location e.g. HSE, on their car insurance for the duration of the placement. Some placement providers may have local car insurance requirements, and students will be advised of these prior to beginning placement.

4.12 Return of Placement Documentation

At the end of the placement, the final assessment form, record of student hours and supervision records should be signed by the student and educator and then sent back to the Practice Education Co-ordinator in NUI Galway (Jackie Fox, Discipline of Occupational Therapy, Áras Moyola, NUI Galway). Students should return their learning contract to the University in their placement portfolio.

4.13 Calculating Student Placement Hours

The following information should help you when calculating and recording student placement hours.

- All placements are based on a 35 hour week.
- The normal number of placement hours per day is 7, although this will vary from site to site.
- Therefore, the usual number of hours completed on an 8 week placement is 280. This is inclusive of 3 hours study time during placement hours each week.
- Time spent on placement work above this amount can be recorded and counted.
- Public holidays, Bank Holidays and Concession Days cannot be included in placement hours.
- Sick days or any other time off cannot be included in placement hours.
- Students must take a minimum of one half hour lunch break each day.
- There are 35 hours in total for the observation placement in 1st year.
- Hours must be logged formally and signed off by the practice educator in the area provided in the assessment form.

4.14 Retention of Student Records

The Local Implementation Group for HSE West has approved guidelines for the retention of student records by placement sites, including assessment forms. Please find attached in Appendix N.

***Section 5: Support
Mechanisms Available During
Professional Practice
Education Placements***

5.1 Support Available During Practice Education Placement

If a student is encountering difficulties on placement this should be brought to the attention of the University by telephone calls from the student or practice educator or through discussions while the academic staff are visiting. Appropriate action is taken in the form of immediate telephone calls and emergency visits are organised by the placement co-ordinator. If the practice education co-ordinator is unavailable the student or practice educator should contact one of the lecturers or failing this contact the Head of Discipline Professor Agnes Shiel. Visits to placements will be arranged where appropriate. University visitors usually meet briefly with the practice educator, then privately with the student and then with the student and practice educator together to agree outcomes and action.

A University Practice Education Visit Report Form is completed (see Appendix H). A student or practice educator can request an early visit or an extra visit if any problems occur during the placement.

5.2 Policy for Supporting Students who are Failing

The occupational therapy staff at NUI, Galway aim to provide support to the student, the practice educator and the wider professional team as appropriate when a student is not making satisfactory progress during their professional practice placement. Practice educators are advised to notify the University immediately if a problem is identified so that support for both student and educator can be implemented in a timely fashion.

Procedures for a Failing Student

The practice educator meets with the student, during this meeting they will:

- Discuss and document difficulties
- Objectives should be behavioural (i.e. describe the behaviour the student needs to demonstrate in order to show that the objective has been achieved).
- Set specific short term learning objectives related to difficulties with strict time scale
- Give a clear definition of what evidence is required for the student to demonstrate achievement of learning objectives
- Review progress at end of time scale
- If not competent, give clear reasons why not and contact University.
- University will arrange a site visit
- Member of the University can be at meeting where student is informed that they have failed if this is requested by either practice educator or student.

Procedures for Failing Students

The Discipline has identified a series of steps to be followed in the event that a student is encountering difficulties such that failing is possible. These are depicted in the diagram below.

When to Notify the University

It is recommended that the University staff are alerted as soon as there is any indication that there may be a problem. While no intervention will be carried out without the request of the practice educator or the student prior warning will ensure timely intervention should this be required. Please note that it is not appropriate to wait to 'give the student a chance' as placements are short and waiting may not allow the student time to rectify problems

Meeting between student and practice educator. Informal notification of problem to practice education co-ordinator.



Review meeting within one week



Inform Practice education co-ordinator formally of problem

Meeting with student, practice education co-ordinator and practice educator



Outcome of meeting documented and agreed

Further meetings with student as necessary



Student to fail



Inform Practice Education Co-ordinator



Meeting with student and Practice Education Co-ordinator if requested by student or practice educator



Debriefing (student and practice educator)

Stage 1 – Meeting between Student and Practice Educator

As soon as difficulties are identified a meeting between the practice educator and the student should be set up. At this meeting the following process is followed:

- Discuss and document difficulties
- Set specific short term learning objectives related to difficulties with strict time scale
- Give a clear definition of competence

Documentation

This meeting should be recorded on the student supervision form (Appendix I). The learning objectives with definitions of competence should be recorded using a learning contract. Both forms should be signed by the practice educator and the student to indicate that the documents are an accurate record of the meeting and the learning objectives set. **Note:** Signatures do not indicate agreement but confirm that the form is a true record of the meeting.

Although this meeting may be sufficient to address students' difficulties and the process may not need to be continued, it is strongly recommended that the practice educator notify the Practice Education Co-ordinator of the situation. The Practice Education Co-ordinator will not intervene at this stage but will provide support and advice.

Stage 2 – When learning objectives have not been met

A meeting with the student, the practice educator and the practice education co-ordinator will be arranged. During this meeting the following process will be followed:

- Discussion of difficulties with specific reference to lack of competence on specific learning objectives
- Clarification of competency including behaviours required to be defined as competent
- Specific learning objectives agreed with clear definition of behaviours required to be considered competent
- Clear definition of what constitutes failure
- Agreed timescale

Documentation

The meeting should be recorded on the student supervision form (Appendix I). The learning objectives with definitions of competence should be recorded using a learning contract (Appendix F). Both forms should be signed by the practice educator and the student to indicate that the documents are an accurate record of the meeting and the learning objectives set. In addition to this, the Practice Education Co-ordinator should record the results of the meeting on the University Visitors Form (Appendix H) and this should be signed by student, practice educator and Practice Education Co-ordinator.

This stage may be repeated if necessary.

Stage 3 – Failing the placement

If the student is to fail the placement, the final meeting should merely comprise confirmation of the result of the practice education placement. The practice educator should notify the Practice Education Co-ordinator of the meeting and the Practice Education Co-ordinator or another member of University staff will attend the meeting if requested to by either the practice educator or the student.

The practice educator should have all documentation of all previous meetings and supervision sessions available but it is not necessary to discuss all in detail. The practice educator should inform the student formally that s/he has failed the placement, summarise the reasons why and indicate where these are recorded on the practice education assessment form. Both the practice educator and student should sign the form. It should be noted that the signature does not indicate student's agreement with the result but that s/he has seen and read the result.

Documentation

Practice Education assessment form.

Stage 4 - Debriefing

It is acknowledged that failing a placement is not easy either for a student or the practice educator. Therefore, a student who fails will attend a debriefing meeting with a member of University staff immediately after the final meeting with the practice educator. Further meetings will be arranged if necessary.

A debriefing meeting will also be offered to the practice educator. It is the practice educator's decision whether to use this – it is acknowledged that the practice educators may prefer to address issues with his/her line manager instead.

Removing a student from a placement

Removing a student from a placement is an extreme measure and will only take place where it is agreed by all parties (i.e. student, practice educator and University) that the relationship between the student and practice educator has broken down irretrievably. Prior to removal, the process for failing a student as described above should be followed.

A student who is removed from a placement is not credited with any practice education hours for that placement and must go on placement during the summer break. If this occurs during the fourth year placement, graduation may be delayed.

5.3 Appeals

The process for managing appeals in relation to practice education is currently under review by the College of Medicine, Nursing and Health Sciences. For any enquiries regarding appeals in practice education, please contact Professor Agnes Shiel.

5.4 Debriefing

All students will have to return to University between placements to attend debriefing sessions organised by the Practice Education Co-ordinator. During the debriefing session, students will be asked to reflect back on the placement experience and give feedback on placement planning and preparation, good points arising from placement and problems arising during placement. It is important that debriefing is not perceived as a 'complaints session' but that students use it to reflect on their experiences and use this to promote their own professional development (MacKenzie, 2002) To this end, students will also be required to determine something to do differently during the next placement at the end of each debriefing.

As part of the debriefing process all students complete a Students' Evaluation of Practice Education Questionnaire. Feedback for each placement block is given to both students and practice educators by the Practice Education Co-ordinator.

The University is aware of how difficult it is for practice educators to fail a student. A session to debrief the educator or any other therapists involved will be offered to the department should they wish to avail of it. Students will also be offered a debriefing session both during the placement and when they return to University the following semester.

5.5 Students with Personal Problems

If the progress of the placement is interrupted by a student's personal problems, the student or practice educator should contact the University staff and appropriate measures will be put in place. Following discussions by all three parties the student may withdraw from the placement and it will be repeated at a later date, if current placement is unavailable an alternative will be arranged. This is not considered a failed placement but may mean that the student cannot graduate with their class.

Section 6: Assessment & Supervision

6.1 Assessment

Prior to deciding on the method of assessing practice education, all potential practice educators in the Western and North Western Health Boards were contacted and opinion was canvassed on three potential models of assessment – the Trinity/ AOTI assessment; the assessment used by University of Ulster and the Competency Based Practice Education Evaluation for occupational therapists (Bossers, Miller, Polatajko and Hartley, 2002).

The assessments were also reviewed by University staff and it was felt that the Competency Based Practice Education Evaluation (Bossers, Miller, Polatajko and Hartley, 2002) for occupational therapists was not appropriate as it is a rigid method of assessment which places a ceiling on the levels of scores students can achieve at different stages of the course and thus does not recognise or reward outstanding students.

With regard to feedback from therapists, the response to this exercise was unequivocal – supervisors were keen to use the Trinity /AOTI assessment as they felt it had been designed to meet the requirements of the Irish Health Service, because it was user friendly from the point of view of both students and educators and because use of this assessment would facilitate placement of students in areas outside the health Board areas (e.g. for specialist placements). The University of Ulster assessment was not perceived as being user friendly and was very time consuming.

The current assessment forms were designed in a collaborative process by Trinity College Dublin, NUI Galway and AOTI and will be used for all placements from January 2012. In the design of the most recent assessment forms, practice educator feedback was taken into account, along with the HSE Therapy Project Office Entry Level Competencies for Occupational Therapists. It is proposed that this approach will be used in conjunction with student/educator learning contracts, as has already been described.

The practice education assessments will be as follows:

- Year 1 – One week observation placement which will be assessed using the University observation assessment form (Appendix B).
- Year 2 – Two eight week placements which will be assessed using the Level 1 assessment form (developed in collaboration with Trinity College) (Appendix C).
- Year 4 – Two eight week placements assessed using Level 2 assessment form (developed in collaboration with Trinity College) (Appendix E).

The level 1 form comprises 36 competencies while the level 2 form comprises 49 competencies. Competencies can be marked as “Not Evident”, “Emerging”, “Evident” or “Enhanced”. To pass the assessment, all competencies must be either “Evident” or “Enhanced” by the end of placement. Two formal assessments take place in each placement – after four weeks and at the end of placement.

Both level one and level two assessment forms assess five areas of competency:

1. Occupational Competencies
2. Communication Competencies
3. The Occupational Therapy Process Competencies
4. Professional Behaviour Competencies
5. Professional Development Competencies

As has been discussed previously in this handbook students will be required to write a case-study for each of their placements. This will be marked at University; the practice educator will assign a suitable client to the student for this purpose. For details of the case-study see Appendix D.

6.2 Consequences of Failing a Placement

Students who fail one placement may repeat that placement in a different clinical venue. Students who fail more than one placement can not repeat that placement and can not graduate as an occupational therapist at the National University of Ireland, Galway.

6.3 The Failing Student

The procedure for dealing with a student who is failing was outlined in the previous section. Workshops were carried out with occupational therapists to prepare them for taking students on placement. The following are the results of brain-storming sessions that took place on those days.

Therapists' perceptions of what contributes to a failing student:

- Breaching confidentiality
- Poor time-keeping
- Poor communication with clients and the multi-disciplinary team
- Lack of initiative
- Lack of respect for clients – not being client-centred
- Unsafe practice
- Poor documentation
- Unable to bridge the theory/practice gap
- Poor knowledge of own limitations
- Inability to prioritise and organise own time
- Inappropriate relationships with clients
- Poor motivation – disinterested
- Lack of response to feedback given in supervision
- Substance abuse or the after effects of same (hung-over)
- Non-attendance
- Poor body language and attitude
- Inappropriate clothing
- Inability to implement the occupational therapy process

- Discriminating attitude
- Dishonesty
- Inappropriate emotional expression

Therapists' suggestions as how to help a failing student:

- Enable the students to identify why they might be failing
- Provide clear guidelines for the student to work within
- Communicate with University
- Provide additional support system/network for student
- Identify student strengths
- Establish achievable goals
- Break goals into components parts
- Identify student coping mechanisms
- Work within that student's learning style
- Revisit learning contract
- Provide supportive environment for student to discuss difficulties
- Get second opinion from other staff member
- Facilitate student in having more opportunities to practice
- Reflect on the placement to ensure difficulties are not arising due to internal conflicts, service changes etc.
- Tutorials
- Deal with problems as soon as they arise
- Give student clear expectations of placement from the beginning
- Debrief student

6.4 Practice Education Portfolio

The portfolio is used to record information, skills and competencies gained while on practice education. The aim is to record information which will be useful for the rest of the course and on future practice education placements. The Practice Education Portfolio is submitted to the Practice Education Co-ordinator at the end of placement and is marked on a Pass/Fail basis. This will vary according to each placement and there is no 'right' or 'wrong' way but the following are some suggestions as to what can be recorded.

Description of Learning Environment

This can include details of the service in which the department is based e.g. acute hospital, community care, charity mental health unit etc. What other services are provided and how does OT contribute.

Summary of Client Conditions

All portfolios should include description of the client group referred to the service. Short notes on the more common conditions with descriptions of types of interventions offered should be included in this section.

Summary of Assessments Used

A list of the methods of assessment used in the Department with short notes such as the length of time it takes to administer, how user friendly and client friendly it is etc.

Details of Multidisciplinary Team

What other members of the multidisciplinary team do these clients see and how does the OT intervention fit in the bigger picture. Brief summary of the other members of the team and the types of interventions they provide.

Summary of Range of Interventions Used

What OT interventions are used in this service? A brief description of the interventions used. Include details of equipment or facilities needed e.g. if a group intervention is being described include details of the room size needed and preparations which need to be made in advance e.g. setting chairs out.

Equipment Available

A list of equipment available in the department. This may include assessments (e.g. COPM), materials (e.g. splinting materials, splinting pans, heat guns etc), adaptive equipment (e.g. wheelchairs, adapted cutlery). Short notes on unfamiliar equipment should be included.

Resources Available

A list of other resources used by the OTs. This could include local leisure facilities, shops etc.

Research and Audit Activities

A brief description of any research or audit being undertaken by the department.

Reflective Log

This is a type of reflective diary – how it is kept is an individual decision but the aim of keeping it is to keep a record of learning experiences together with some evaluation of how successful these were. Below are some further suggestions of what might be useful to record – remember, these are suggestions and do not have to be followed.

- What do you know now that you didn't last week?
- What can you do now that you couldn't last week?
- How did you learn to do this?
- What have you learned about yourself since last week?
- Something which had unforeseen consequences – why did this happen and what have you learned?
- Something you discovered by trial and error
- Something you need to learn
- Something you found easy to do and why
- Something you found difficult to do and why
- Something you failed at and why

Other things which can be included in the portfolio include learning contract, case study and anything else considered useful.

Please Note: the practice educator may ask to see parts of the portfolio or make suggestions for other material to include. Educators are aware that the reflective log/ diary is not to be read by anyone other than the student. The reflective log should be used to identify topics to address during supervision.

6.5 Supervision

Formal supervision takes place once a week, for at least one hour. It should be organised to suit the educator, student and service. It is a clinically focused relationship between student and practice educator. The educator assists the student to develop practice, knowledge and values. The reflective process is facilitated in the supervisory sessions. The following questions can be used to help the student reflect on practice:

- What happened?
- What were you thinking?
- What was good or bad about the experience?
- What sense can you make of the situation?
- What could you have done differently?
- If it happens again what will you do?
- How could what you learned be applied in other situations?

Supervision and feedback may also be given to the student in an informal manner throughout the placement. All formal supervision must be recorded and critical incidences that emerge during informal supervision should also be documented.

Record Keeping

Both student and supervisor will be responsible for updating the record sheets from formal supervision sessions. Content and outcomes of formal supervision should be recorded on the student supervision record sheets (Appendix I). These should be clear, accurate and up to date. Students can keep a more comprehensive record of progress in the placement using their practice education portfolio. Contents of the student's reflective diary should be kept confidential but discussion with the practice educator is essential. All records should be returned to University where they will be kept in the student's personal file. Students will have access to this file. Documentation to be returned to University should also include practice education assessments and records of any contact made with college (Appendix K).

The Process of a Supervision Session:

Prior to the supervision session the practice educator should:

- Review the student's learning contract
- Review the work undertaken to date
- Identify and note the student's achievements during that week
- Review the University's assessment form

- Identify the student's further learning needs
- Note any concerns you have and topics for discussion

During the supervision session the supervisor should:

- Agree the agenda with the student
- Encourage the student to take initiative and participate equally in the discussion
- Encourage the student to review his/her performance to date, expressing both strengths and limitations
- Explore any issues that have given you special cause for concern
- Ask the student to specify particular learning needs which s/he has identified and prioritise them
- Establish which needs might be met and how
- Ensure the learning contract is updated
- Encourage the student to give you feedback on the strengths and limitations of feedback
- Agree a course of action for the next week
- Clarify the student's and your own responsibilities in the action plan

After the supervision session the supervisor should:

- Review the session
- Make notes summarising the session
- Prepare to fulfil the action plan

6.6 Stress

Although stress may be a positive factor that enhances performance, too much stress can inhibit student learning and educator's effectiveness. Student anxieties generally concern fitting into a new unknown environment, getting on with the practice educator, adapting to the as yet undefined new role, taking responsibility for client progress and of course passing the assessment. Practice educators can help the students deal with the stresses of the placement environment by:

- Supporting students through the different stages of the practice placement
- Providing a supporting learning environment
- Encouraging students to use more effective coping behaviour
- Providing clear and realistic expectations
- Giving honest feedback which provides clear guidelines for improved performance
- Giving feedback early and regularly
- Using learning contracts

Quality supervision is a balance between support for the student in the new environment and new role, whilst providing them with the 'just right challenge'.

A positive student-practice educator relationship is one that is:

- Open
- Caring
- Mutually meets each other's needs
- Honest
- Tolerant
- Respectful of each other

Practice educators can reflect on their development in student supervision using the Self Assessment Tool for Fieldwork Educator Competency (AOTA 2009)

6.7 General Assumptions in Supervision

Occupational therapy students carrying out their practice education placement do so under the following assumptions:

- Therapists' primary responsibilities are to their patients/clients
- Students presence will not hinder the work of the therapist
- Therapists have responsibilities to their profession by teaching skills to undergraduate students through practice placement
- Students' behaviour during the placement should not compromise the therapists credibility or relationships with other colleagues and staff
- Students are expected to be treated in a manner that respects their developing knowledge level

6.8 References

- Association of Occupational Therapists of Ireland (2007) *Code of Ethics and Professional Conduct for Occupational Therapists* [online] available. <http://www.aoti.ie/images/stories/documents/codeofethics2007.pdf> [accessed 23 September 2009]
- American Occupational Therapy Association (2009). *Self Assessment Tool for FieldWork Educator Competency* (revised) [online] available <http://www.aota.org/Educate/EdRes/Fieldwork/Supervisor/Forms/38251.aspx> [accessed 30 October 2009]
- Bossers, A., Miller, L.T., Polatajko, H.J. and Hartley, M. (2002). *Competency Based Practice Education Evaluation for Occupational Therapists*. New York: Delamar Thompson Learning.
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- Evenson, M., Barnes, M.A. and Cohn, E.S. (2002). Perceptions of Level 1 and Level 2 Fieldwork in the same site. *American Journal of Occupational Therapy*: 56: 103-106.
- MacKenzie, L..(2002). Briefing and debriefing of occupational therapy student fieldwork – Exploring student concerns and reflecting on practice. *Australian Occupational Therapy Journal*, 49: 82-92.
- Neistadt, M.E., Wight, J. and Mulligan, S.E. (1998). Clinical Reasoning Case Studies as Teaching Tools. *American Journal of Occupational Therapy*: 52: 125-132.
- Therapy Project Office (2008). *Occupational Therapy Competencies*. Dublin: Therapy Project Office
- Westcott, L. and Rugg, S. (2001). The Computation of Fieldwork Achievement in Occupational Therapy Degrees: measuring a minefield. *British Journal of Occupational Therapy*: 64: 541-548.
- World Federation of Occupational Therapists, (2002). *Revised Minimum Standards for the Education of Occupational Therapists*. World Federation of Occupational Therapists.

Appendices

APPENDIX A

Emerging Areas of Practice

MODULE OY315: EMERGING AREAS OF PRACTICE

Module Title:	Emerging Areas of Practice in Occupational Therapy
Semester:	Semester 1 and 2 of Year 3
Credit Rating:	12.5
Hours:	120 -160 Hours Community Engagement 24 Hours Group Seminar 120 Hours Independent Study
Module Co-ordinator:	Ms. Margaret Mc Grath
Module Team:	Occupational Therapy Discipline Community Organisations

Introduction to Module

This module is designed to provide students with the opportunity to work in collaboration with community organisations to develop and implement occupational therapy programs which meet identified occupational therapy need(s) of the organisation. Working in small groups students will engage in a minimum of 120 hours of community based learning, during which they will design, implement and evaluate an occupational therapy program under supervision from academic staff. Using critical thinking and problem solving the students will identify and examine the impact of socio economic and cultural influences that facilitate

Module Assessment

3,000 word report (60%)
Poster presentation at student service learning conference (40%).

Teaching and Learning Strategy

The main teaching strategy utilised in this module is service learning. Service learning is described as a teaching strategy which 'seeks to engage students in activities that enhance academic learnings, civic responsibility and the skills of citizenship, while also enhancing community capacity through service' (Furco & Holland 2004).

Students will learn through active participation in local community organisations under supervision by a member of the module team/community representative. Academic staff will guide students learning through the provision of structured reflection and the use of group seminars to integrate theory and practice.

Learning Outcomes

Knowledge & Understanding

On successfully completing this module students will be able to:

	Taught	Practiced	Assessed
Demonstrate a working knowledge of the structure and function of a community organisation e.g. its mission, goals, structure, funding, staffing etc.	No	Yes	Yes
Demonstrate a working knowledge of the structure and function of a community organisation e.g. its mission, goals, structure, funding, staffing etc.	No	Yes	Yes
Observe the interaction between the person, environment and occupation on occupational performance in the context of a community setting.	No	Yes	Yes
Show an awareness of the impact of social and economic factors on occupational engagement	Yes	Yes	Yes
Show awareness of the relationship between health and wider society	Yes	Yes	Yes
Explore and understand how occupation is conceptualised within occupational therapy	No	Yes	Yes
Demonstrate understanding of the concepts of occupational alienation, deprivation and imbalance as observed in the context of the community setting	Yes	Yes	Yes
Use reflective learning strategies to enhance service learning experience and identify future personal learning needs	Yes	Yes	Yes

Specific Skills

On successfully completing this module students will be able to:

	Taught	Practiced	Assessed
Critically analyse evidence supporting the relationship between occupation and issues such as health, participation in society, quality of life	No	Yes	Yes

Explore the effects of occupational imbalance, deprivation and alienation	Yes	Yes	Yes
Demonstrate knowledge, understanding and skills in the promotion of social justice	Yes	Yes	Yes
Demonstrate knowledge and understanding of social responsibility and civic awareness	Yes	Yes	Yes
Reflect on the potential for occupational therapy to act as an agent of change in promoting social justice for all members of society	Yes	Yes	Yes
Utilise reflection strategies to enhance service learning experiences	Yes	Yes	Yes
Develop the capacity to work in partnership with community organisations to creatively address the occupational needs of service	Yes	Yes	Yes

Transferable Skills

On successfully completing this module students will be able to:

	Taught	Practiced	Assessed
Apply critical and analytical skills associated with scientific enquiry	Yes	Yes	Yes
Deliver written and verbal reports in a manner that is appropriate to the organisation and in accordance with the national ethical standards of practice	Yes	Yes	Yes
Demonstrate professional responsibility planning and organising community visits	No	Yes	Yes
Design and create a poster presentation detailing work undertaken	Yes	Yes	Yes
Plan and organise a conference	No	Yes	Yes
Further develop skills in both listening and communicating so that they elicit and understand the client's occupational story/narrative	Yes	Yes	Yes

Attitude

On successfully completing this module students will be able to

	Taught	Practiced	Assessed
Be capable of managing one's own performance professionally	No	Yes	Yes
Be aware of people's rights to receive health services	No	Yes	Yes
Demonstrate respect for values and diversity of people in community settings	No	Yes	Yes

Core Text Book

Fazio, L.S. (2001). *Developing Occupation –Centred Programs for the Community: A Workbook for Students and Professionals.* New Jersey: Prentice Hall.

Recommended Reading

Adler-Kisser, L., Crooks, R., Watters, A. (1997). *Writing the Community: Concepts and Models for Service-Learning in Composition.* USA: AAHE.

Bohan, H. & Kennedy, G. (Eds).(2004). *Global Aspirations and The Reality of Change: How Can We Do Things Differently?* Dublin: Veritas Publications.

Bohan, H. & Kennedy, G. (Eds). (2003). *Values and Ethics: Can I Make a Difference?* Dublin: Veritas Publications.

Edmondson, R. & Kelleher, C. (2002). *Health Promotion: Multidiscipline or New Discipline?* Irish Academic Press.

Elyer, E. (2000) What do we most need to know about the impact of Service-Learning on Students Learning ? *Michigan Journal of Community Service Learning. Special Issue: Strategic Directions for Service Learning Research.*

Harvey, B. (2002). *Working for Change A Guide to Influencing Policy in Ireland. (2nd ed.)*. Dublin: Combat Poverty Agency.

Kronenberg, F., Algado, S.S., & Pollard, N. (Eds).(2005). *Occupational Therapy without borders Learning from the Spirit of Survivors.* Edinburgh: Elsevier Churchill Livingstone.

Lorenzo., Duncan, M., Buchann, H. & Alsop, A. (Eds) (2006). *Practice and Service Learning in Occupational Therapy Enhancing potential in context.* Chichester: John Wiley & Sons.

Wilcock, A. (1998). *An Occupational Perspective of Health.* Slack Incorporated.

NOTE: Additional reading will be recommended within the individual sessions.



Discipline of Occupational Therapy, NUI Galway

APPENDIX B**Practice Education Observation Placement Assessment Form**

This form is completed for 1st Year Students

NAME OF STUDENT		
NAME OF SERVICE		
TYPE OF EXPERIENCE		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	To
NAME OF PRACTICE EDUCATOR		

NUMBER OF DAYS ABSENT	
TOTAL HOURS COMPLETED	

OVERALL LEVEL OF ACHIEVEMENT

COMPETENT <input type="checkbox"/>	NOT COMPETENT <input type="checkbox"/>
--	--

N.B. If a student is awarded a **not competent (Not Evident or Emerging)** for one or more competencies at the final assessment, this indicates an overall not competent level of achievement.

SIGNATURE OF PRACTICE EDUCATOR	
SIGNATURE OF STUDENT	

Both signatures are required.

NOT EVIDENT – This competency was not demonstrated.	EVIDENT – This competency was consistently demonstrated.
EMERGING – This competency was not consistently demonstrated.	ENHANCED – This competency was consistently demonstrated. The performance was to a high standard.

Competencies	Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced
1. Work safely in compliance with health and safety regulations as specified in the practice setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adhere to confidentiality as described in the local context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Present self in a manner appropriate to the working environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Adhere to specified personal and professional boundaries within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrate a positive approach to clients and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Demonstrate effective time management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Communicate effectively and in a professional manner with individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK



Discipline of Occupational Therapy, NUI Galway

APPENDIX C**Practice Education Assessment Form – Level 1**

This form is completed for 2nd Year Students

(Developed in collaboration with the School of Occupational Therapy, University of Dublin, Trinity College)

(Please return completed report [not a copy] directly to the Discipline Office)

NAME OF STUDENT		
NAME OF SERVICE		
TYPE OF EXPERIENCE		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	To
NAME OF PRACTICE EDUCATOR		

NUMBER OF DAYS ABSENT	
TOTAL HOURS COMPLETED	

OVERALL LEVEL OF ACHIEVEMENT

COMPETENT <input type="checkbox"/>	NOT COMPETENT <input type="checkbox"/> <i>(Student required to repeat placement)</i>
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N.B. If a student is awarded a **not competent grade (Not Evident or Emerging)** for one or more competencies at the final assessment, this indicates an overall not competent level of achievement”

SIGNATURE OF PRACTICE EDUCATOR	
SIGNATURE OF STUDENT	

Both signatures are required.

STUDENT HOURS LOG

Week (From – To) (dd/mm/yyyy)	Hours Completed	Initials of Practice Educator
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

To be completed by Practice Educator:

Sick leave hours taken:		Sick leave hours made up:	
Sick leave certified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sick leave cert forwarded to PEC*:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of public holidays:		Total hours completed:	
Signature of Practice Educator:		Date:	

* It is the responsibility of the student to forward their sick certs to the PEC directly.

To be completed by Student:

Student Name and Number	Student Signature / Date

FINAL FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	

SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

STUDENT'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

HALF-WAY FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	

SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

STUDENT'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

SIGNATURE OF STUDENT	
SIGNATURE OF PRACTICE EDUCATOR	
DATE (dd/mm/yyyy)	

NOT EVIDENT – This competency was not demonstrated.	EVIDENT – This competency was consistently demonstrated.
EMERGING – This competency was not consistently demonstrated.	ENHANCED – This competency was consistently demonstrated. The performance was to a high standard.

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Occupational Competencies								
1. Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrate through either verbal or written communication the person-occupation-environment relationship within the client’s context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Apply the therapeutic use of occupation to influence health and well being of the client or group positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Support engagement and participation in meaningful occupation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON OCCUPATIONAL COMPETENCIES

FINAL COMMENTS ON OCCUPATIONAL COMPETENCIES

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Communication Competencies								
5. Demonstrate listening, verbal and non-verbal communication skills, both formally and informally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Give and receive feedback in an open and honest manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Present oral information in a clear, concise and well structured manner both formally and informally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communicate effectively and in a professional manner with individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Communicate effectively and in a professional manner in a group environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES

FINAL COMMENTS ON COMMUNICATION COMPETENCIES

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
The Occupational Therapy Process Competencies								
11. Select and apply appropriate conceptual and practice models to guide the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Demonstrate an integration of occupational therapy theory within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Demonstrate engagement in reflection and evaluation of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Facilitate a culturally sensitive approach to practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Facilitate a client centred approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Apply the principle of informed consent prior to and throughout the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Demonstrate the use of observation and interview skills to gather relevant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Select and administer appropriate standardised and non-standardised assessment tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Facilitate effective individual and/or group work interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Evaluate outcomes in collaboration with all parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Prioritise and manage a caseload either group or individual, under supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

	Half Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
Professional Behaviour Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
23. Work safely in compliance with health and safety regulations as specified in the practice setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Adhere to confidentiality as described in the local context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Present self in a manner appropriate to the working environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Respond constructively to changing circumstances and demands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Demonstrate an awareness of personal and professional boundaries within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Demonstrate a positive approach to clients and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Demonstrate effective time management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Demonstrate best use of resources available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES

FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES

	Half Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Professional Development Competencies								
32. Take responsibility for personal and professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Actively engage in supervision and request and utilise professional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Implement a learning contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Identify own personal and professional strengths and limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Maintain a record of personal and professional development (i.e. portfolio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES

FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES

APPENDIX D

Guidelines for Case Study

You must submit a 5,000 word case study for each practice education placement. Your practice education will be assessed by your practice educator on a pass /fail basis and the practice education case study will be marked by a lecturer.

The format for the case study is as follows:

Demographic data (5 marks)

(Note: details which could identify an individual must be changed or omitted It is best practice not to identify the name of the facility or geographic region.)

This is the area where students often breach confidentiality. *If in doubt, ask for advice from your educator or from the University.*

The following details may be included:

Age

Gender

Diagnosis

Prognosis

Reason for referral to Occupational Therapy

Previous relevant medical and social history

Marital and family status

Occupation / employment

Sub-headings can be useful here.

Initial assessment (10 marks)

Results of initial interview and standardised and/or informal assessments with rationale for choice of assessment are to be included. Copies of assessments should be de-identified and included in an appendix and do not contribute to the 5,000 word report.

Sub-headings can be useful here.

Occupational problems (10 marks)

A **list** of occupational problems must be presented. These must be supported by the results of the initial assessment and /or knowledge of the condition.

Goals of Intervention (10 marks)

These must be based on:

- a) occupational problems
- b) the results of the initial assessment
- c) knowledge of the condition

or any combination of the above. Evidence of client centred practice in goal setting must be presented.

Intervention plan (45 marks)**Part 1: (25 marks)**

The plan for intervention must be presented to include the following:

- | | |
|--|-------------------|
| a) model of practice used (e.g. PEO model, Canadian Model) | (10 marks) |
| b) frame(s) of reference (e.g. Biomechanical, Cognitive behavioural) | (5 marks) |
| c) treatment approaches (e.g. compensatory approach, homework) | (5 marks) |
| d) description of the clinical reasoning used to select the above | (5 marks) |

Part 2: (20 marks)

Evidence for efficacy of intervention must be presented. This must include evidence of a literature search with details of databases searched (e.g. CINHAL, Medline, PsychInfo etc).

Include the search terms used. A critical appraisal of the literature identified should be presented and the evidence related to the selected interventions to support choices.

NOTE: The literature review should be current and include recent journal articles. Information from textbooks may not be current and should not be relied upon.

Marks will be divided as follows:

Description of search strategy including inclusion and Exclusion criteria	(5 marks)
Critical appraisal of literature	(10 marks)
Application of evidence to practice including clinical reasoning approach	(5 marks)

Description of intervention sessions (10 marks)

This should include a brief description of each session with details of the goal(s) being addressed during the session, the approach(es) used and evaluation of the session as a whole.

Evaluation of intervention (10 marks)

Evaluation of intervention should include evidence of re-assessment where appropriate. There should be an evaluation of whether goals were met or not met with discussion of why this was the case where appropriate. In some cases (e.g. long term clients) it may not be possible to evaluate outcome. Where this is the case, a plan for evaluating overall outcome together with evaluation of the results of the intervention provided during placement will be sufficient.

Note: Reference to unreferenced websites such as 'wikipedia' or 'depression.com' will be penalised by deduction of 5 marks.



Discipline of Occupational Therapy, NUI Galway

APPENDIX E**Practice Education Assessment Form – Level 2**

This form is completed for 4th Year Students

(Developed in collaboration with the School of Occupational Therapy, University of Dublin, Trinity College)

(Please return completed report [not a copy] directly to the Discipline Office)

NAME OF STUDENT		
NAME OF SERVICE		
TYPE OF EXPERIENCE		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	To
NAME OF PRACTICE EDUCATOR		

NUMBER OF DAYS ABSENT	
TOTAL HOURS COMPLETED	

OVERALL LEVEL OF ACHIEVEMENT

COMPETENT <input type="checkbox"/>	NOT COMPETENT <input type="checkbox"/> <i>(Student required to repeat placement)</i>
--	---

N.B. If a student is awarded a **not competent grade (Not Evident or Emerging)** for one or more competencies at the final assessment, this indicates an overall not competent level of achievement.

SIGNATURE OF PRACTICE EDUCATOR	
SIGNATURE OF STUDENT	

Both signatures are required.

STUDENT HOURS LOG

Week (From – To) (dd/mm/yyyy)	Hours Completed	Initials of Practice Educator
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

To be completed by Practice Educator:

Sick leave hours taken:		Sick leave hours made up:	
Sick leave certified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sick leave cert forwarded to PEC*:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of public holidays:		Total hours completed:	
Signature of Practice Educator:	Name:	Date:	

* It is the responsibility of the student to forward their sick certs to the PEC directly.

To be completed by Student:

Student Name and Number	Student Signature / Date

FINAL FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	

SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

STUDENT'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

HALF-WAY FORMATIVE ASSESSMENT

NAME OF STUDENT:	
NAME OF PRACTICE EDUCATOR:	

SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

STUDENT'S COMMENTS AND FEEDBACK

Please continue comments on separate page if required.

SIGNATURE OF STUDENT	
SIGNATURE OF PRACTICE EDUCATOR	
DATE (dd/mm/yyyy)	

NOT EVIDENT – This competency was not demonstrated.	EVIDENT – This competency was consistently demonstrated.
EMERGING – This competency was not consistently demonstrated.	ENHANCED – This competency was consistently demonstrated. The performance was to a high standard.

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Occupational Competencies								
1. Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrate through either verbal or written communication the person-occupation-environment relationship within the client’s context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Analyse the use and adaptation of occupations for the client’s group and/or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Apply the therapeutic use of occupation to influence health and well being of the client or group positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Support engagement and participation in meaningful occupation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON OCCUPATIONAL COMPETENCIES

FINAL COMMENTS ON OCCUPATIONAL COMPETENCIES

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Communication Competencies								
6. Demonstrate listening, verbal and non-verbal communication skills, both formally and informally.								
7. Give and receive feedback in an open and honest manner.								
8. Present oral information in a clear, concise and well structured manner both formally and informally.								
9. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.								
10. Communicate effectively and in a professional manner with individuals.								
11. Communicate effectively and in a professional manner in a group environment.								
12. Form collaborative working relationships within interdisciplinary teams.								

HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES

FINAL COMMENTS ON COMMUNICATION COMPETENCIES

	Half Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
The Occupational Therapy Process Competencies								
13. Select and apply appropriate conceptual and practice models to guide the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Demonstrate an integration of occupational therapy theory within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Demonstrate an integration of relevant supporting evidence based knowledge within occupational therapy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Demonstrate a logical and systematic approach to problem solving and decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Demonstrate engagement in clinical reasoning to guide practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Demonstrate engagement in reflection and evaluation of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Facilitate a culturally sensitive approach to practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Facilitate a client centred approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Facilitate the active participation of the client in the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Apply the principle of informed consent prior to and throughout the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Demonstrate the use of observation and interview skills to gather relevant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Select and administer appropriate standardised and non standardised assessment tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Analyse the effect of the person, the environment and the occupation factors on activity and participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Plan, grade, implement and modify interventions that are outcome based and relevant to the person's goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Facilitate effective individual and/or group work interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Demonstrate a working knowledge of group dynamics within the context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Evaluate outcomes in collaboration with all parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Make onward referrals to other agencies or professionals to optimise responses to client needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Plan and implement discharge and follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Prioritise and manage a caseload either group or individual, under supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

	Half Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
Professional Behaviour Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
34. Work safely in compliance with health and safety regulations as specified in the practice setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Demonstrate an understanding of policy and legislation on local practice context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Adhere to confidentiality as described in the local context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Present self in a manner appropriate to the working environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Respond constructively to changing circumstances and demands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Demonstrate an awareness of personal and professional boundaries within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Demonstrate a positive approach to clients and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Demonstrate effective time management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Demonstrate best use of resources available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Demonstrate an ability to source, analyse and critique literature and research findings relating to practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES

FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES

	Half Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
Professional Development Competencies								
45. Take responsibility for personal and professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Actively engage in supervision and request and utilise professional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Implement a learning contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Identify own personal and professional strengths and limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Maintain a record of personal and professional development (i.e. portfolio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HALFWAY COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES

FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES



Discipline of Occupational Therapy, NUI Galway

APPENDIX F – Sample Learning Contract

Comments				
Date Achieved By				
Checklist of Evidence for Achievement				
Steps involved in Achievement				
Date to be Achieved				
What Learning Objectives does this relate to on the assessment form?				
Learning Outcomes				

Signature of Practice Educator:	
Signature of Student / Date	

APPENDIX G

Student's Health and Safety Advice

ADVICE FOR HEALTH CARE STUDENTS REGARDING RISKS OF INFECTION ASSOCIATED WITH THEIR STUDIES AND AVAILABLE PROTECTIVE MEASURES.

A career in health sciences is associated with some risks of work related infection. These risks can be managed very effectively in most situations and it is important for you to have some information about the risks and how to protect yourself. These notes are brief introduction to some of the issues of concern.

1. Hepatitis B Virus

Hepatitis B virus is associated with liver disease. Some patients who become infected may remain infected for months or years. The virus may be transmitted to others mainly when blood or body fluid containing the virus makes contact with a mucous membrane or with broken or punctured skin. A jab from a needle that was used on an infected patient, contact of body fluid with broken or damaged skin or a bite from an infected patient are common risk exposures. You may be exposed to this virus during your studies or work.

There is a very effective vaccine Hepatitis B vaccine. Because of the risks associated with your work you should consider having the Hepatitis B vaccine. The course of immunisation requires 3 injections over a period of 6 months. It is very important that at the end of the course you should have a blood test to check if the vaccine worked for you.

2. Rubella Virus

Rubella virus causes an illness with fever and rash in children commonly known as German measles. The greatest concern regarding this virus is that infection of a woman in early pregnancy can result in infection of the foetus and very severe birth defects in the baby. You may be exposed to this virus in the course of your studies or work.

There is a very effective vaccine against Rubella. It is quite likely that you have already had this vaccine more than once. You may wish to consider having a blood test to determine if the vaccine worked and if you are now immune to rubella virus.

3. Varicella-Zoster Virus (VZV)

This virus is associated with the illness commonly know as chickenpox and also with the illness known as shingles. When a person becomes infected with VZV for the first time they usually get chickenpox and then get better. Although the person gets better the virus stays in their body and in some people becomes active again years later and the result is shingles. The important thing from a risk of exposure point of view is that contact with a patient with chickenpox or a patient with shingles represents exposure to the VZV virus.

In children chickenpox is usually very mild. In adults the illness may be more severe and it can be very severe in a woman who becomes infected for the first time in pregnancy. If you do not know whether or not you have chickenpox in the past you might want to consider

having a blood test to determine if you have antibodies to VZV or not. If you have antibodies contact with a person with chickenpox/shingles is not a real risk to you. If you do not have antibodies you may be at risk.

There is an effective vaccine against the VZV virus but it is only available in Ireland under special circumstances at present.

4. Tuberculosis

Tuberculosis is a bacterial infection. About 1/3 of the worlds population are infected but only about 1 in 10 infected people get sick. Of those who get sick, most get lung disease. When a person with lung tuberculosis coughs, sneezes or talks he/she can generate aerosols containing the infecting bacteria. If a Health Care Worker (HCW) inhales these droplets he/she may become infected.

The BCG vaccine offers some protection against the most serious consequences of infection with the tuberculosis bacteria. It does not offer complete protection. Many of you may have had the BCG vaccine already, you may have a small scar on the left shoulder. If you have not have BCG vaccine many people recommend that all HCW's should have the vaccine. Before BCG is given it is usual to have a test called a tuberculin test performed. This test involved an injection into the skin and inspection of the skin after a couple of days. The purpose of the test is to check if the person has already been vaccinated or infected.

5. HIV Virus

This is the virus associated with AIDS. Infection is through contact of blood or body fluids with broken skin, punctured skin or with mucous membranes. Following a jab with a needle or similar exposure the HIV virus is much less infectious than the hepatitis B virus. There is no vaccine against HIV. If a health care worker has a high risk exposure to blood or body fluids from a HIV infected patient there are medications that can be taken to further reduce the risk of the infection.

6. Hepatitis C Virus

This virus is associated with liver inflammation. The ways in which infection may be transmitted to health care workers are similar to the ways in which Hepatitis B virus and HIV virus may be transmitted to health care workers. Following a jab with a needle or similar exposure, Hepatitis C virus is less infectious than Hepatitis B virus. There is no vaccine against Hepatitis C virus.

7. Other Infections

Health care workers may also be risk for a number of other infections. In most cases your best protection is you skin. Try to keep your skin healthy, if your skin is broken, damaged or cut cover it and if you are in direct contact with body fluids consider wearing gloves. Wash or disinfect your hands after each patient contact in the interests of protecting you and your patients. If you are splashed in the mouth or eyes with blood or body fluids in the course of your work, if you receive a jab from a previously used needle or a bite you should report the incident to your supervisor and ask where you should go for further advice and or treatment.



Discipline of Occupational Therapy, NUI Galway

APPENDIX H

Practice Education Visit Report Form

Student Name: _____

Practice Educators Name: _____

University Visitor Name: _____

Description of Placement:

Summary of issues discussed and student's progress to date:

Summary of any decisions made:

Signature of Student: _____

Signature of Practice Educator: _____

Signature of University Visitor: _____

Date: _____



Discipline of Occupational Therapy, NUI Galway

APPENDIX I**Practice Education Formal Supervision Record Form (Option A)**

Name of Student: _____

Name of Practice Educator: _____

Location of Placement: _____

Weekly Objectives

Prepare for supervision each week by reviewing your placement objectives on your learning contract and translating them into weekly learning objectives. This sheet should be signed by the student and the practice educator as an accurate record of the meeting.

Weekly learning objectives & progress to date:**Extended learning & new objectives for following week:**

Points for discussion:

Outcome of discussion:

Signature of Practice Educator: _____ **Date:** _____

Signature of Student: _____ **Date:** _____



Discipline of Occupational Therapy, NUI Galway

APPENDIX I

Practice Education Formal Supervision Record Form (Option B)

Student: _____

Practice Educator: _____

This form is to be completed weekly. Please give specific examples.

Part 1 (*To be completed by practice educator before supervision*).

1. What do you see as the student's strengths? In which areas of practice have they done well?

2. Are there any areas the student is finding difficult?

3. What do you see as the student's needs? What could the student be doing differently or improve upon?

Objectives for the following week:

1. _____
2. _____
3. _____

Part 2 (To be completed by the student before supervision).

1. What do you see as your strengths? What has gone well?

2. What areas do you feel less confident in?

3. What do you see as your needs? Is there anything you could do differently or improve?

4. Are there any ways in which your practice educator could assist you more?

Objectives for the following week:

1. _____
2. _____
3. _____

Part 3 (To be agreed by the student and practice educator during supervision).

Agreed objectives for the following week:

1. _____
2. _____
3. _____
4. _____
5. _____

Signed: Practice Educator: _____

Student: _____

Date: _____

APPENDIX J

Interim Guidance on Student Study Time During Practice Education Placements

Representatives of the Accreditation Sub-Committee met with the Practice Education Coordinators on 25th June 2009 to discuss the issue of student study time during practice education placements. It was proposed at this meeting that the *AOTI Minimum Standards for Practice Education 2008* be reviewed in light of concerns expressed by the Practice Education Coordinators about elements of the current Standards. This proposal will be forwarded to AOTI Council by the Accreditation Sub-Committee for approval.

In the interim period, the Accreditation Sub-Committee are issuing the following guidance to the universities regarding student study time during practice education placements. This may be used by the universities for clarification purposes in their Practice Education Handbooks, pending the outcome of the proposed review of the *AOTI Minimum Standards for Practice Education 2008*. It reads:

The issue of student study time during practice education placement is currently being considered by the Association of Occupational Therapists of Ireland. In the interim, the Accreditation Sub-Committee has given the following guidance. It is acknowledged that study is an important component of practice education. Study hours can only be calculated from time spent on placement-related learning. Study time must be negotiated between students and their practice educator, and must have an agreed learning outcome relevant to the learning contract for that placement.

7th July 2009



Discipline of Occupational Therapy, NUI Galway

APPENDIX K

Record of Contact with the University

Date of Contact: _____

Contact via: Email
 Telephone
 Visit

Reason for Contact

Summary of Contact

Decisions made / conclusions reached

Signature of Practice Educator: _____

Signature of Student: _____

APPENDIX L

Problems on Placement

Student should talk to educator first
(Identify problem and the effect on placement)

Either the student or the educator contacts Practice education coordinator
(Discuss the problem and its possible consequences)

Development of a plan to deal with problem
(Generate strategies and plan monitoring process)

Practice Education Coordinator contacts the other party
(Clarifies issues and reports to plan)

Student and educator work through plan together
(Maintain open communication and feedback)

Follow-up from Practice Education Coordinator
(Ensures plan is effective, may need to revise plan in extreme circumstances where safety is an issue the practice education coordinator may withdraw a student from placement).

**Discipline of Occupational Therapy, NUI Galway****APPENDIX M****Student Reflection Form – Reflecting on Practice**

To assist your development of reflective practice, consider issues from your reflective diaries to work on within supervision. Please complete Part 1 of this Reflection Form and take it with you to your formal supervision meeting with your Practice Educator. Part 2 can be completed following your supervision meeting.

To be completed weekly

Date: _____

PART 1

What has gone well?

What were the challenges?

What do I see as my learning needs?

PART 2

What does my practice educator see as my learning needs?

What have I learned from these experiences? What will be done differently?

What does my practice educator feel I should have learned? What could be done differently or improved?

APPENDIX N

Retention of Student Practice Education Assessment Form Guidelines for Practice Settings – HSE West Galway LIG

Occupational Therapy and Speech and Language Therapy students attending NUI Galway avail of placements in a number of practice settings external to the HEI. It is common practice for students on qualifying to seek references from their 3rd and 4th year practice settings, when seeking their first job and possibly their second. Student Practice Assessment Forms are considered to be a record of the student placement and therefore offer objective information to managers and/or educators on which to base a reference, especially if the practice educator is no longer based in the setting.

The Guidelines have been drawn up to guide Managers and Educators on the retention of the Assessment Forms in practice settings and to assure students that their assessment information is safeguarded.

1. Retention of copies of Assessment Forms.

- 1.1. Assessment Forms will only be retained in placement settings for the purpose of provision of references on qualifying or shortly thereafter and not exceeding a 5 year period from the end date of the last placement. This **applies to 3rd and 4th Year placements for Speech and Language Therapy and 4th Year placements for Occupational Therapy.**
- 1.2. All other files should be destroyed as originals would previously have been sent to and retained by the HEI who keep files indefinitely (since 2003). A policy on further retention periods has not been developed at this time by NUI Galway. The plan is to keep files for 6 to 7 years for references for first time appointment and/or promotions and applications for further education.

2. Consent

- 2.1. The **Consent Form for retention of Copy of Student Practice Education Assessment Form** will be given to 3rd and/or 4th year students depending on the discipline by the HEI on commencement of their placement. The student is asked to sign that as they may seek a reference from the placement provider, a copy of their assessment form can be retained for a 5 year period. If they do not wish to avail of this option, no copies will be retained and a reference cannot be sought.
- 2.2. In the event of the Educator or Tutor having left the employment or is on leave at the time that a student seeks a reference – the student has to give Consent for another person to read their file for the purposes of giving them a reference only.
- 2.3. Ideally the signing of the Consent Form should be witnessed by their Educator and returned to respective school in NUI Galway. The school will keep the original copy of that form so that there is a record for the future.

- 2.4. The placement provider will not keep a record on the basis that if a file is not available then the student has not given Consent to retain the file and providing a reference is not possible. If there is a dispute then the student reverts to their HEI.

3. Protection of files

- 3.1. All files containing Assessment Forms should be retained securely under the management of the relevant therapy department. Private and Confidential should be stamped on the file and should only be opened for the purposes of giving a reference.

Appendix 1 – contains an extract from the *Policy for Health Boards on Record Retention, National FOI Liaison Group*. Work is ongoing on updating the Policy on Record Retention for the HSE. The updated policy will be incorporated into this guideline when available.

Appendix 2 – Occupational Therapy Consent Form.

Issued 10/10/09 V7

File Retention Policy

Retention Schedule

Personnel Records	Recommended Retention Period
Allegations and complaints	While complaint is unfounded or investigation not warranted hold for two years.
Personnel – General Files (i.e. non-personal files) Training Files (a) General e.g. Education training, Formal qualifications etc.	Hold until superseded or for 5 years for reference purposes.

In relation to personal records i.e. patients, clients and staff, a record of files destroyed containing person's name, date of birth, file number and date of last contact with service should be maintained. This record should be completed by the officer supervising the removal process and by a senior officer authorising the removal and destruction of the records.

The date of destruction and the manner in which the records were destroyed should also be recorded. In terms of the means of destruction this should be carried out by shredding, pulping or incineration. Where a contractor is used to carry out any of the afore mentioned processes he/she should be required to sign confidentiality undertakings and to produce written certification as proof of destruction. Supervision of this exercise is important.

Security

- Confidential information is viewed only by those persons whose duty it is to do so
- Records and files are transported in a manner which will provide accurate tracking information and prevent accidental disclosure of confidential information in transit
- Proper security measures are used in electronic databases i.e. password protection, back-up procedures, etc.
- Locking offices, cabinets and clearing desks, logging off systems, etc.



Discipline of Occupational Therapy, NUI Galway

APPENDIX N

**Consent Form for Retention of
Copy of Student Practice Education Assessment Form**

I..... (Print name)
Occupational Therapy Student at NUI Galway

hereby fully and freely consent to my final assessment form for my Level Two Placement (Block 1) /
Level Two Placement (Block 2) * being held by the Occupational Therapy Manager / Educator/
Tutor**

Name of Manager / Educator/ Tutor *

.....

I understand and acknowledge that the form will be accessed by (Name of Manager / Educator/
Tutor *)

..... only and will not be accessed by anyone else without my
written consent. I understand that the form will be accessed for the sole purpose of providing a
reference for me should this be requested on my behalf. I understand that this form will be held for
a period of five years, will be stored in a secure locked cabinet at all times and that access to it will
be restricted to those named above.

I note that I may withdraw my consent at any stage and that the purposes of holding my assessment
and the reasons for accessing it in the future have been explained to me by

..... and that I have been given an opportunity to discuss
this with him/her.

I do not wish my assessment form to be kept
on file. I understand that if I do not agree that a copy of my assessment form is retained the
Occupational Therapy Manager / Educator/ Tutor** of this service they will be unable to provide a
reference if requested on my behalf due to lack of information.

Signed: _____ **Date:** _____

WITNESS to signature of student and to fact that he/she has read the document and freely given
his/her consent:

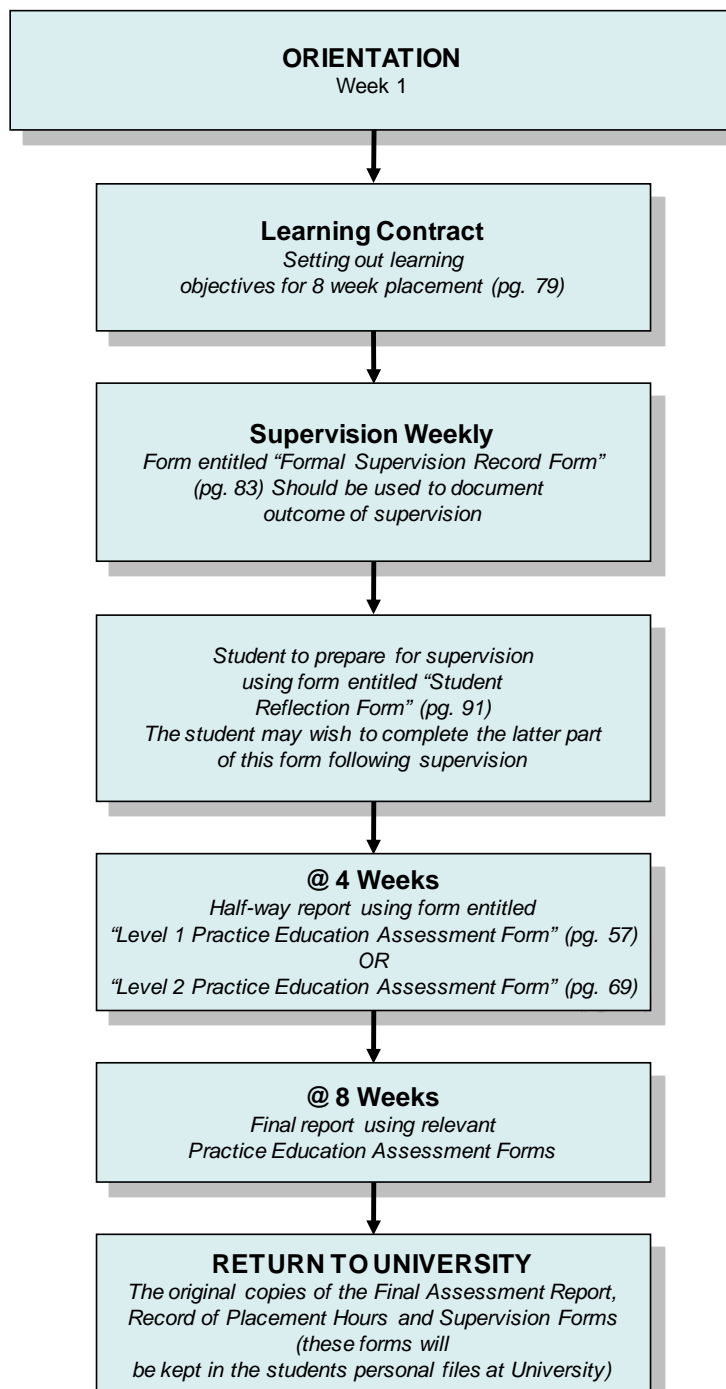
Signed: _____ **Date:** _____

(Witness **must not** be the person who will have access to the file). * Delete as appropriate.

Please return the original copy of this form to the University.

APPENDIX O**The Placement Process Chart**

Discipline of Occupational Therapy
The Placement Process



For placement forms, please visit the practice education page of our website on http://www.nuigalway.ie/occupational_therapy/practice_education.html

APPENDIX P

The Case Study Process

