



**Northumbria
University**
NEWCASTLE

FACULTY OF HEALTH AND LIFE SCIENCES

BSc (HONS) OCCUPATIONAL THERAPY

**MSc OCCUPATIONAL THERAPY
(PRE-REGISTRATION)**

**PRACTICE PLACEMENT
ASSESSMENT FORM – Level 4**

PRACTICE PLACEMENT

Student:

Practice Placement Educator:

Placement Setting:

Client Group:

Dates of Placement:

NOTES FOR GUIDANCE

THESE MUST BE READ IN CONJUNCTION WITH THE PRACTICE PLACEMENT HANDBOOK

- This document contains:
 - **Section 1** - record of the pre-placement tutorial (between the student and university tutor)
 - **Section 2** - record of the placement learning contract (completed by the student and practice educator at the beginning of placement)
 - **Section 3** - record of the mid-placement formative assessment of practice including the signed action plan (between the student, practice educator and university tutor).
 - **Section 4** - record of the summative assessment of practice including signed competencies and placement feedback (completed by the student and practice-educator)
 - **Section 5** - record of placement contact hours
 - **Section 6** - record of the post-placement tutorial (between the student and university tutor).
- **A hard copy of this full document must be submitted by the date communicated to you by the module tutor. If you have used any parts of this document in electronic format, this must be appended to the relevant section and signed/dated where required. This also applies to any additional sheets used, with any extra sheets used.** Students are also advised to keep a copy of this document for their own records – again either in hard copy or in electronic/scanned copies.
- The student and practice placement educator should carefully study the content of the practice placement assessment form and the competency statements at the beginning of the placement.
- The student and practice placement educator must consult the detailed marking criteria to assist with the completion of the practice placement assessment form. **The criteria for each placement are clearly outlined in Appendix 7 of the Practice Placement Handbook.**
- Any issues associated with completing the assessment form can be discussed with the university practice placement liaison tutor.
- The detail within this form and the student's level of performance must be reviewed during weekly supervision. Weekly constructive feedback which is evidenced based will help to facilitate the student's personal and professional development throughout the placement. Areas of strength and any areas of concern must be documented on the supervision sheets which should be signed by both the practice placement educator and student. Weekly learning outcomes should be set by the student and

practice placement educator to allow the student to provide evidence that they are achieving the competency statements; practice placement educators/students should record weekly what evidence the student has provided.

- It is important to remember that this is a competency based assessment form and **the student is required to show consistent evidence of achieving the competency** i.e. it is not a 'one off' event. Therefore practice placement educators should not sign off any required competency statements until the last week of placement. Note lower learning level competencies may be signed off as the student reaches that particular level e.g. if a student is working on level 5 (blue) competencies it may be useful feedback to sign off the level 4 (green) competencies halfway through placement if the student is meeting that standard.
- During the last week of placement a summative assessment discussion must be arranged. The student and practice placement educator are expected to engage in detailed reflection and constructive evidence-based feedback. At this stage details of strengths and learning needs will help to facilitate the student's future professional development.
- The practice placement educator is required to sign by the coloured competency statements the student has passed; they are signing to say they have seen/heard evidence of the student's learning.
- The practice placement assessment form must be signed by the practice placement educator. The duplicate sheet at the end of the practice placement assessment is an essential part of the student's professional development. The student is expected to use this feedback to inform their post-placement tutorial and plan for their next placement, a copy of this sheet may be shown to the next practice placement educator to help formulate the placement learning contract.
- Any additional pages attached to the practice placement assessment form must be signed and dated by both the practice placement educator and the student.
- Any disagreement regarding the summative practice placement assessment mark and/or comments **MUST** be discussed with the student's personal tutor and/or the practice placement liaison tutor.

Students who are failing placement:

- **If a student is failing at any point in the placement OR if the practice placement educator has any significant areas of concern then contact MUST be made with the student's university guidance tutor. It is important that reasons for failing are documented on the weekly supervision sheets.**

- **The student must be made aware as soon as possible that he/she is failing or there are significant concerns.**
- **If the student fails the placement educator's comments must give clear examples as to why the competencies were not achieved.**
- **Please refer to the placement handbook, or contact the Practice Placement Liaison Tutor for detailed guidance about what to do in the event of student problems on placement.**

References:

- Royal College of Occupational Therapists. (2015) *Code of Ethics and Professional Conduct for Occupational Therapists*. London: College of Occupational Therapists.
- Royal College of Occupational Therapists (2016) *Entry Level Occupational Therapy Core Knowledge and Practice Skills*. London: College of Occupational therapists.
- Health and Care Professions Council. (2012) *Standards of Conduct, Performance and Ethics*. London: Health and Care Professions Council.
- Health and Care Professions Council (2013) *Standards of Proficiency for Occupational Therapists*. London: Health and Care Professions Council.

4. Which 'Pillar of Practice' from the RCOT Career Development Framework have you selected to focus on in this placement? Which specific area(s) within this pillar do you hope to achieve?

5. What learning opportunities will you need to meet this objective? What steps do you need to take to achieve this?

My action plan:

Date:

SECTION 2 - PRACTICE PLACEMENT LEARNING CONTRACT (to be completed by the student and educator)

This contract is to be discussed and agreed by the practice placement educator and the student at the initial meeting.

Please summarise the discussion and document the agreed learning outcomes for the placement. The learning outcomes **MUST** relate to the competency domains and competency statements within the placement assessment form.

For each learning outcome the following will need to be considered:

- what does the student want to learn/develop? Personal development needs and placement opportunities to be considered.
- what learning strategies and resources will be utilised e.g. where can this be best learnt?
- how will evidence be provided to demonstrate learning as taken place. What are the criteria for success?
- who will assess that the learning outcome has been achieved i.e. who will check the evidence?

NB. Your notes from your pre-placement tutorial may help

The student has completed a full local induction using the induction checklist (please tick) Yes No

(add extra sheets if necessary)

Student Signature:

Practice Educator Signature:

Date:

Level 4 Occupational Therapy Practice Placement Assessment Form (for Revalidation 2017)
Updated August 2018

SECTION 3 – MID-WAY FORMATIVE ASSESSMENT AND ACTION PLAN (To be completed by the university tutor)

To be discussed before the mid-way visit and completed at the end of the formative meeting

STUDENT:		Programme:	
Placement:		Type of experience:	
GREEN ACTION PLAN		AMBER ACTION PLAN	
RED ACTION PLAN			
<p>Is working successfully towards all learning outcomes/competencies/elements on the placement assessment form. No remedial action is necessary; to continue as per action plan.</p>		<p>Is working towards most of the learning outcomes/competencies/elements on the placement assessment form. However needs to pay particular attention to the identified outcomes /competencies/elements listed on the action plan. The educator/mentor and student have agreed an action plan for learning and have identified how opportunities and evidence will be provided. The action plan will be regularly reviewed.</p>	
<p>Is not progressing as required to meet the expected competencies for this placement. Failure to achieve these outcomes/competencies by the end of the placement will result in the student being unsuccessful on the placement and associated module to which this placement is attached. An additional action plan has been developed which has recorded the competencies not being achieved along with criteria for their achievement within an action plan. The educator and student will have regular meetings to discuss progress and a method of feedback to the university tutor has been agreed.</p>			
<p>Educator: Student: University Tutor: Date:</p>	<p>Educator: Student: University Tutor: Date:</p>	<p>Educator: Student: University Tutor: Date:</p>	

SECTION 4 – THE SUMMATIVE ASSESSMENT OF PRACTICE (to be completed by student and educator)

The Occupational Therapy Placement Competencies are broken down in to three domains of practice – Professional Suitability, Occupational Therapy Skills and Values and Professional and Collaborative Skills. Within these domains, there are 10 competency areas. The competencies are aligned to the standard and guidance set out by the Health and Care Professions Council and the Royal College of Occupational Therapists regarding the knowledge and skills required for professional registration. Therefore, by the end of the programme, you will have demonstrated competency in all required areas.

For your level 4 placement you are required to pass ALL green competency statements

Domain 1 - Professional Suitability

Competency Area 1 - Professional behaviour

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Behaves in a professional and appropriate manner at all times in line with RCOT and HCPC codes of practice and local policies and ensuring safe practice		Pass	Fail

Competency Area 2 - Respecting individuals and diversity

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Demonstrates respect for others and the individual differences of service users, carers and co-workers		Pass	Fail

Competency Area 3 - Learning and professional development

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Demonstrates preparation and preparatory reading relevant to the practice setting		Pass	Fail
4	Engages in reflection on practice and is able to identify own strengths and areas for development		Pass	Fail
4	Demonstrates a professional response to feedback		Pass	Fail

Domain 2 - Occupational Therapy Skills and Values

Competency Area 4 - Analysis of occupation

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Analyses activity/occupation relevant to the practice setting		Pass	Fail

Competency Area 5 - Understanding and utilising occupation

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Demonstrates an understanding of concepts of occupation including the Occupational Therapy role and Occupational Therapy process		Pass	Fail
4.	Able to identify and discuss factors impacting on occupational performance		Pass	Fail

Competency Area 6 - Implementing the Occupational Therapy Process

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4.	Able to identify and utilise appropriate information from a range of sources in order to understand occupation in the context of individual and community factors		Pass	Fail

Domain 3 - Professional and Collaborative Skills

Competency Area 7- Organisational skills

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Demonstrates ability to plan, organise and problem-solve.		Pass	Fail
4.	Demonstrates an awareness of resources		Pass	Fail

Competency Area 8 - Collaborative skills

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Demonstrates ability to collaborate and co-operate with others, including service users, carers and co-workers, in a professional manner		Pass	Fail

Competency Area 9 - Communication skills

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Demonstrates appropriate verbal, non-verbal and written communication skills		Pass	Fail

Competency Area 10 - Leadership skills

Level	Competency	Evidence Provided (Educators signature)	Please circle	
4	Demonstrates awareness of own contribution to maintaining quality and safety		Pass	Fail

Please indicate the final grade allocated:
(circle as appropriate)

PASS

FAIL

Number of placement hours completed: _____

Practice placement educator's comments related to the competencies and coloured objective statements: (if the student has consistently met competencies at a higher learning level/expectation please give formative feedback here. Extra sheets may be added but please ensure they are signed and dated by both the practice placement educator and student)

Student's Comments:

Signature of the placement educator:

Date:

Signature of the student:

Date:

PLACEMENT ASSESSMENT

Student
Name: _____

Programme: _____ Intake: _____

Strengths demonstrated on placement

Areas for further development

Educator Signature: _____
Educator (PRINT NAME): _____
Student Signature: _____
Date: _____
Placement: _____

<i>(delete as appropriate)</i>	PASS	FAIL
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SECTION 5 – PRACTICE PLACEMENT CONTACT HOURS (to be completed by student and signed by educator)

(Please indicate which practice placement is being completed e.g. 1, A)

Student Name:

Practice Placement Educator:

Placement Location:

DAY	DATE	AM	PM	DAILY TOTAL	WEEKLY TOTAL	EDUCATORS SIGNATURE

DAY	DATE	AM	PM	DAILY TOTAL	WEEKLY TOTAL	EDUCATORS SIGNATURE

TOTAL HOURS
Physical/Mental Health/Other (please state)

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Following the group tutorial discussion add any other relevant points related to your learning needs and/or personal and professional development

What learning needs to be taken forward to your next Practice Placement?

Date: