## SAMPLE LEARNING CONTRACT OTP2

Example only do not use as your learning contract

### Title page

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| --- | --- |
| Student name: |  |
| Occupational Therapy Practice Number |  |
| Placement address: |  |
| Practice Educator name: |  |
| Practice Educator telephone &  e-mail: |  |
| Type of service: |  |

Negotiated between you and your Practice Educator. STUDENT NAME …General Example Occupational Therapy Practice 2……………..

| **Learning Needs**  **What do I need to learn?** | **Related P.Cs by no.** | **Learning Resources and Strategies**  **How can I best learn and integrate this?**  **What resources are available to me?** | **Criteria for evaluation.**  **How will we know when I have learned what I need to learn? How will the Practice Educator evaluate my abilities?** | **Supporting Evidence**  **(location and type)** |
| --- | --- | --- | --- | --- |
| *To be able to discuss the impact of ill health (impairment and disability) for service users in this setting* | *1,11* |  | *Identified in formal discussion the impact of 3 conditions on the occupational performance of 3 named service users to a competent standard.*  *Prepared notes and discussed (formally) 5 main agreed conditions and their general impact on service users to a competent standard.* | *Supervision record*  *Mini case studies*  *Student notes on conditions* |
| Pass/Fail Practice Educator Signature | | | | |
| *To identify and discuss the effectiveness of assessment tools used for assessing occupational performance deficits.* | *3, 10* |  | *Prepared notes and discussed (formally) the effectiveness of*  *Home assessment checklist\**  *Initial assessment\* AMPS\* MEAMS\* Plus any 3 other assessments seen to a competent standard.* | *Supervision record*  *Student notes on assessments* |
| Pass/Fail Practice Educator Signature | | | | |
| *To select, carry out & document key assessments used in this setting* | *3,4,6,*  *10* |  | *Selected and carried out 3 key assessments to a competent standard Interests checklist\* COPM initial assessment\* Kitchen assessment\* Documented above to a competent standard* | *Client notes*  *Supervision record* |
| Pass/Fail Practice Educator Signature | | | | |
| To formulate an intervention plan from assessment data | 5,7,8,  10 |  | Planned intervention for one service user to a competent standard.  Justified clinical reasoning behind planned intervention with one service user in formal discussion to a competent standard | Client notes  Supervision record |
| Pass/Fail Practice Educator Signature | | | | |
| To evaluate approaches and media used in Occupational Therapy interventions | 1,2,7 |  | Prepared notes on and formally discussed  Dressing practice\*  Splint making\*  One intervention resulting from a home assessment\*  competently evaluating the media and or approaches used in each of above | *Supervision record*  *Student notes* |
| Pass/Fail Practice Educator Signature | | | | |
| To be able to reflect upon social context factors and the social model of disability and their impact on practice | 1,7,10 |  | Discussed (formally) the social context factors in relation to 2+service users and their intervention to a competent standard. Reflected using a Gibbs reflective cycle proforma on the potential relevance of the social model of disability to this Occupational Therapy service to a competent standard. | *Supervision record*  *Student notes*  *reflections* |
| Pass/Fail Practice Educator Signature | | | | |
| To develop ability to reflect on own practice and identify areas for further development | 9 |  | Identified and described appropriately 2 areas for further personal development using personal goal sheets | *Supervision record*  *Reflective logs*  *Supervision notes* |
| Pass/Fail Practice Educator Signature | | | | |
| *To develop an ability to work as a team member* | *10,8, 11* |  | *Contributed the Occupational Therapy input to a ward round regarding 3 patients to a competent standard*  *Documented treatment plans for OTAs to implement to a competent standard* | *Supervision record*  *Service user notes* |
| Pass/Fail Practice Educator Signature | | | | |
| *To develop safe and effective professional practice* | *6,11* |  | *Demonstrated safe and effective professional practice to an appropriate standard throughout the placement*  *Demonstrated ability to adapt approach following constructive feedback to an appropriate standard* | *Supervision record* |
| Pass/Fail Practice Educator Signature | | | | |