

PROFESSIONAL PRACTICE

HANDBOOK

(previously called ‘Student Professional Practice Portfolio’)

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Please note:

Updated information will be available on Blackboard (Bb) for students (under Physiotherapy/Practice Placement) and on the Practice Support Net (PSN) website for educators

(<http://www1.uwe.ac.uk/students/practicesupportnet/guidancebyprogramme/physiotherapy.aspx>)

**INTRODUCTION**

Practice education is an indispensable and integral part of the physiotherapy programme. There is increasing diversity of physiotherapists’ practice within health and social care, in terms of its setting (primary, intermediate or acute care), sector (NHS, social services, independent/private practice, industry or the voluntary sector) and patterns of teamwork (with individuals increasingly working with members of other professions and separate from other physiotherapists). This means that a flexible approach as to how students’ learning in the practice environment is organised, delivered and recognised is required and that the professional practice placements and their associated outcomes reflect this trend.

Emphasis is placed upon students achieving the appropriate learning outcomes and gaining experience in a variety of settings. The establishment of personal goals allows students to begin to develop responsibility for their own learning in the placement environment and to reflect on their practice.

Students will be guided by the placement and module learning outcomes to search for and capitalise on practice learning resources as they arise. The ability to transfer skills from one setting to another is seen as vital in health and social care today as is the need to place professional skills in the broader psycho-sociological context. Each professional practice module facilitates integration of theory into practice. It is anticipated that students will develop new knowledge and skills in the practice environment, rather than merely consolidating what has previously been learnt in the University setting.

The placement learning outcomes have been aligned to the Health and Care Professions Council (HCPC) Standards of Proficiency (2012) and the CSP Physiotherapy Framework: putting physiotherapy behaviours, values, knowledge & skills into practice (2011). They build at each level to ensure progression to higher levels of learning by the end of level 3. The learning process is seen as a spiral continuum with the transfer of professional skills from one level to the next reinforcing and enhancing previous learning whilst students add further skills as they "travel" from one practice area to another.

**AIMS OF COMPLETING PRACTICE PLACEMENT DOCUMENTATION**

* To enable you to record, evaluate and influence your practice education throughout the programme.
* To facilitate your achievement of key experiences in practice.
* To develop your ability to reflect on your practice and the practice of others.
* To become self-directed in and responsible for your own professional development.
* To link your practice experiences in order to maximise learning opportunities.
* To provide you with a detailed record of practice experience that helps to prepare you for your post-registration career.

**CLINICAL HOURS**

The Chartered Society of Physiotherapy (CSP) recommends that you complete a minimum of 1000 hours of clinical practice (Learning and Development Principle 6 - Practice Placements), and it is therefore a recommendation of the HCPC for professional registration. Web links: [www.csp.org.uk](http://www.csp.org.uk) and [www.hcpc-uk.org](http://www.hcpc-uk.org).

To achieve the necessary hours, students must work a minimum of 37.5 hours per week on placements. The arrangement of these hours is at the discretion of the Practice Educator (PE) and their manager with due consideration given for the needs of the patients, workplace and service provision. Any unavoidable planned absence, i.e. unavoidable health related appointments, a wedding or an interview, must be discussed with the PE and Visiting Tutor (VT) in a professional manner before making any arrangements and an authorised absence form should be completed by the visiting or academic tutor at UWE. In general, there should be no requirement to attend the university while on practice placements.

Your completed practice hours are officially recorded on your Continuous Practice Assessment (CPA) forms and signed off by your PE and on an electronic database by UWE. For your ongoing easy reference you can record these on your “Summary of Practice Placements” table.

**PLACEMENT PROFILE**

The CSP promotes a flexible approach to students’ learning in the practice environment. It encourages an emphasis on the overall profile of practice experience rather than the completion of specific clinical placements. “Each student should experience a balanced sequence of practice placements, representing a diverse range of settings in which they are likely to practise on qualification. The placements should make progressively greater demands in terms of competencies, such that successful completion will ensure graduates can practise as autonomous newly qualified practitioners” (CSP, 2016). UWE’s aim is for every student to have an outpatient, acute, inpatient rehabilitation and community experience.

**Practice Placements**

there are six practice placements spread across the 3 years of the programme (please refer to the table in the Section 1 Induction Pack for the structure of the Physiotherapy Programme). All the placements are of five weeks duration and are usually from Monday – Friday 8.30-17.00 although occasionally may include late shifts, evenings or weekends.

In addition to the six assessed placements you will have 3 days of observation in practice at level 1 of the programme. This aims to give you some appreciation of the practice environment and start to prepare you for your first placement experience but does not count as part of your 1000 assessed hours.

Your placements will be spread across Avon, Gloucestershire, Wiltshire and Somerset so please be prepared to travel within these regions or stay in accommodation if preferable. Placement allocation is done by an allocation officer in the Professional Practice Office (PPO), please contact them directly if you have any questions related to placement allocation

<http://www1.uwe.ac.uk/students/practicesupportnet/contacts.aspx>

To ensure that placements meet the requirements of the Quality Assurance mechanisms of the Faculty, an audit of all placements takes place in a regular cycle. Through audit the available learning opportunities, experiences and approved PEs are identified, so that recommendations for future developments can be made.

**PLACEMENT SICKNESS ABSENCE**

If for any reason you are unable to attend your practice placement, please call the Practice Absence Reporting Line on **0117 328 3283** and leave your name, student number and location of your practice placement. They will not return your call but your absence will be recorded. **Don’t forget that it is your responsibility to call your practice placement direct to advise them if you are sick or unable to attend placement for any other reason.**

You do not need to inform your VT unless they are due to visit on that day or if you require support or advice. Where possible and appropriate, you should try to make up hours lost through sickness absence on the same placement. In the event that this is not possible or appropriate then these hours may need to be made up at the end of the programme. This must be discussed with your VT and/or Physiotherapy Clinical Coordinator at UWE.

**You must complete a minimum of 75% of the expected placement hours (Bank Holidays not included) to enable assessment to take place (140 hours for most placements).**

**If you are submitting Personal Circumstances please refer to the Academic Regulations by accessing:** http://www1.uwe.ac.uk/students/academicadvice/assessments/extenuatingcircumstances.aspx

**PREPARATION FOR PRACTICE**

**ACCOMMODATION**

For placements greater than 25 miles away, accommodation can be arranged via Accommodation Services following completion of an application form that can be downloaded from <http://www1.uwe.ac.uk/students/accommodation/uweaccommodationoptions/alliedhealthprofessionals.aspx>.

Please take time to read the guidance notes and terms and conditions on this page. You should refer queries regarding accommodation to Accommodation Services on 0117 32 83601 or accommodation[@uwe.ac.uk](mailto:services@uwe.ac.uk)

**DRESS CODE GUIDELINES**

Most but not all placements will require you to wear a uniform. Standard uniform consists of navy blue trousers with a plain white tunic as issued in level 1. You should check the uniform requirements for each placement before you start assome may prefer a navy tracksuit with a polo shirt. White polo shirts with a physiotherapy logo can be purchased from the Student Union. Whether you are required to wear uniform or not you should be aware that you will be meeting patients/clients, therefore your dress should reflect your professional position**.**

Your appearance should be safe and hygienic and portray a professional image. See guidance below and discuss specific placement requirements with PE:

|  |  |
| --- | --- |
| **Hair** | If you have long hair, please ensure it is securely tied back and off your face.  If you have short hair, it should be of a tidy appearance requiring a minimum of “maintenance”. |
| **Jewelry**  **Watches** | Jewelry should be kept to a minimum. Necklaces and bracelets should not be worn. If you have pierced ears, stud earrings should be worn. Any other visible piercings should be discrete and not compromise patient care.  Watches should be removed during patient contact. A watch pinned to your tunic may be preferable. |
| **General Appearance** | All clothes worn whilst on placement should be well laundered and fit you. |
| **Footwear** | For both male and female students, navy or black shoes should be worn with plain dark socks. Training Shoes may be appropriate in some areas. All footwear should be kept clean and in good repair. |
| **Travelling** | Whilst travelling it is strongly recommended for professional reasons as well as health and safety to travel in your own clothes and change into uniform when you arrive. If this is not possible, uniform should be completely covered and worn for the minimum amount of time outside your placement. |

**CODE OF STUDENT RESPONSIBILITIES FOR PRACTICE**

***Before Practice learning starts***

* When you have obtained details of your practice learning setting, contact the practice educator. This should be at least two weeks before the starting date.
* When you make the initial contact introduce yourself, confirm starting date and time and clarify any issues of concern relating to your practice learning.
* Ensure you understand the specific expectations of your allocated practice placement/practice learning setting by accessing and reading appropriate documents.
* Clarify the dress code of your practice placement/practice learning setting and where applicable conform to the UWE uniform policy.

***During Practice Learning***

* Act at all times in accordance with the relevant codes of professional practice.
* Act at all times, in accordance with Health and Safety regulations.
* Maintain confidentiality with regard to patients/clients/service users and documentation.
* Be punctual, reliable, courteous and honest.
* Take reasonable steps to keep self and others safe.
* Develop skills in working effectively as a member of the inter-professional team to support safe patient/client service user care.

***As a Student***

* Identify your learning needs using the approved documents (e.g. learning contracts, portfolios, learning logs, diaries).
* With the guidance of your Mentor/Assessor/Supervisor/Practice Teacher, seek out experiences for your level of practice and competence to support you in achieving your learning outcomes.
* Should the practice teaching and/or supervisionarrangementsbecome **ineffective,** contact your mentor/assessor/supervisor/practice teacher to make them aware as soon as possible, and to discuss how the situation can be resolved.
* If the issue(s) remain unresolved, refer to and follow the appropriate guidance available in the student faculty or module handbook.
* Ensure that skills required at each stage in the programme are attempted under the supervision of a skilled practitioner.
* Where appropriate negotiate with Mentor/Assessor/Supervisor/Practice Teacher, relevant learning opportunities external to the practice placement/practice learning setting.
* Adopt a questioning and reflective approach to your learning to increase self-awareness, confidence and competence. Where appropriate give and receive constructive feedback.
* Prepare yourself for classroom/work based learning day discussions and/or agreed meetings with UWE academic staff.
* Ensure that practice assessment documentation (where applicable) is accurately completed and submitted on time.
* Seek help from the faculty student advisers, if issues such as finance, accommodation or personal issues are impinging on your practice learning.
* Comply with the UWE sickness and absence policy, and the Trust/Organisations reporting arrangements.
* Constructively evaluate the placement itself, using the UWE approved evaluation tool.

**FACULTY SUPPORT AND PLACEMENT VISITS**

Two staff within the Physiotherapy programme team (clinical coordinators) are specifically focused on supporting the development, maintenance and improvement of appropriate learning environments for students on practice placement. They are responsible for the allocation of Physiotherapy academic staff, including themselves, to support each student and the PE whilst you are on placement. The member of staff who visits you on each placement is known as the ‘Visiting Tutor (VT)’.

The VT provides the essential link between the placement and UWE. The VT is the first point of contact for PEs and students on placement if there are any queries or issues related to the learning experience on placement. Under normal circumstances, the VT will make contact with you and/or your PE by the end of the first week of placement. The VT will usually make a minimum of one visit to each student per placement. Exceptions to this are:

- Either the student or practice educator requests a further visit and the visiting tutor agrees that this is necessary rather than phone/e-mail communication.

- The visiting tutor feels that a further visit is required to support either the student or practice educator in the learning and/or assessment process.

The purpose of the visit is to support both you and the PE in the successful delivery of practice education. The PE will normally have received training for the supervision and education of students and the university runs courses for this purpose. Some less experienced PEs may need more support from the VT which is understandable and acceptable. When the VT visits they will give both you and the PE some private time to discuss progress and any issues regarding the placement that need to be raised. It is important for you to have the relevant practice parts of your portfolio with you in order to discuss the learning outcomes, personal goals and other documentation for the placement.

The VT will complete a placement support record of the visit and a copy will be given to you for your own records. This record should identify your level of performance at this stage of the placement, areas for development and any agreed remedial action. VTs can be contacted via e-mail or phone.

**WHO TO CONTACT?**

The following is a guide for who you should contact for different issues.

* Allocation – the Physiotherapy allocation officer in the PPO.
* Accommodation – [accommodation@uwe.ac.uk](mailto:accommodation@uwe.ac.uk).
* Health/personal – VT or Personal Tutor who may refer you to the Programme Manager for an Occupational Health referral if appropriate or advise on submitting extenuating circumstances.
* Placement learning e.g. level of support, feedback, bullying - VT. (CSP, 2010 - ‘Dealing with Bullying - A Guide for Physiotherapy Students on Clinical Placement’)
* For any further support/clarification contact one of the clinical coordinators - Kate Stancombe on 0117 32 88868/[catherine.stancombe@uwe.ac.uk](mailto:catherine.stancombe@uwe.ac.uk)

Robyn Osborne on 0117 32 [84747/robyn.osborne@uwe.ac.uk](mailto:84747/robyn.osborne@uwe.ac.uk).

**SOCIAL NETWORKING GUIDANCE**

This is included in the Induction Pack in Section 1. Please read for guidance when on placement.

**PLACEMENT ACTIONS**

**SKILLS**

During each placement identify with your PE what skills you are able to undertake. When you feel you have gained a particular skill add it to the skills table and tick the columns in the appropriate place. It is suggested that you indicate in some way the depth of experience of the skill gained e.g. one tick for superficial experience, 3 ticks for repeated experience. Identifying what you have achieved in this way, in conjunction with other documentation, will facilitate three things:

1. It will promote skills of self-assessment.

2. It will keep a record of the skills and key experiences you have had and assist in profiling your clinical placements.

3. It will identify areas for development that you will need to address in future placements or once qualified.

**GOAL SETTING**

Every placement is unique and the learning opportunities within placements will vary according to the clients available at the time you are there. When you first arrive you will discuss the learning outcomes for that placement. Sharing your previous experiences, concerns and expectations with your PE will enable them to understand your needs and adapt the placement accordingly. Once you have been there for a few days you will be expected to agree your personal goals. By this time you will have begun to develop an understanding of what opportunities are available along with some insight into how you are managing in that setting. Think of your own learning needs based on your developing strengths, weaknesses, interests and previous experience. Identify what opportunities are available and then set a small number of personal goals.

A goal is a statement identifying an area on which you plan to focus during the placement. When writing these please refer to the practice placement outcomes and marking descriptors and use them to help formulate your goals (make sure they are not the same). Once the placement has been completed you will then evaluate both the learning outcomes and your personal goals. Any goals that have not been achieved can then be identified and carried forwards to a future placement.

Personal goals may be based on any of the following:

* areas for personal development specific to the placement specialty
* unique opportunities only available in that placement
* outstanding goals from previous placements.

As you gain experience, you will develop greater insight into your own abilities. You will also be aware of outstanding learning needs. To reflect this you will be expected to identify how you are going to achieve your personal goals by writing them in a “**SMART**” format.

**S** – Specific **M** – Measurable **A** – Achievable **R** – Realistic **T** – Timed

Once you have written your personal goals you will have the opportunity to discuss them with your PE and VT. You may find using a table like the one below helpful to record your goals (further blank copies can be found on Blackboard). An example of a SMART goal has been included.

How to decide on which goals to set

* Review actions on last page of previous placement CPA forms and take appropriate ones forward into your next placement goals (especially transferable skills)
* Review which practice placement outcomes you do less well on (lower grade/mark) and consider including a goal on these areas

N.B. Don’t let your educator select a goal for you as these are rarely personal to your learning

Tips for writing SMART goals

* The number of goals should be appropriate for the learning/placement but usually 4-6 is a manageable number
* Avoid open-ended words such as improve, better, further, develop, as they are difficult to measure objectively
* State the goal not the process, e.g. to demonstrate/show knowledge/skills not to learn/develop knowledge/skills
* Ensure you have identified the goal rather than an action/opportunity, e.g. ‘Communicate clearly & effectively in a class setting so all patients understand instructions’ rather than ‘taking a class’.
* State appropriate level by referring to wording in the marking descriptors at the level you hope to achieve, e.g. safe, fluent, independent, consistent, systematic, complex.
* Be specific by stating which condition/technique/element of assessment you will focus on rather than ‘a range of conditions/techniques or all of the assessment’.
* Avoid including “feeling confident” in goal as hard to measure and very likely to improve anyway with experience/practice. Delivering something in a confident manner can be observed through body language, voice etc so this would be measurable.
* Brief, clear and useful action plans/points that prompt you to work towards your goals.
* Measures should be concise, clear and appropriate:
  + Observation by another/educator with feedback for a skill
  + Verbal/written evidence for knowledge/understanding/reasoning
  + Written evidence for reflection/research
  + Presentation can be used to demonstrate achievement of a range of goals
* Use staggered/appropriate timeframes rather than all ‘end of placement’ as this is more manageable and prompts you to review them more regularly.

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| **Personal Goal** | **Action Plan**  **(How goal will be achieved)** | **Measure**  **(How will you know goal has been achieved)** | **Target Date** | **Has goal been achieved? If not, proposed action plan for future** |
| *1) Be able to implement appropriate manual handling techniques (state which) safely and effectively when transferring patients with a neurological deficit.* | *- Review UWE manual handling information.*  *- Attend manual handling in-service training or discuss with PE.*  *- Practice techniques with peers.*  *- Observe PE in practice.*  *- Work with patients with neurological deficits and get feedback from PE, patients and other staff.*  *- Self-reflection.* | *- PE to observe at least 3 transfers with patients with a neurological deficit and provide feedback* | *End of week 4* | *Yes* |

**REFLECTIVE PRACTICE**

This is a conscious analysis of what has happened and why. This will encourage you to monitor and develop your professional practice along with developing skills of self-assessment.

The portfolio achieves this in several ways by encouraging you to:

* Identify and then evaluate personal goals for each placement.
* Undertake a report of a Significant Learning Experience where you will look at a particular learning event in detail.
* Complete weekly SWOT analyses.
* Complete a Self-Assessment form for mid-way and final appraisal discussion.
* Reflect on any learning opportunities, i.e. surgery, home visit, to identify learning points and impact on your learning/practice.

**Significant Learning Experience (SLE)**

The SLE report helps you to develop your ability to critically reflect in a written format on individual situations and has been shown to increase deep learning.

A ‘significant learning experience’ can be described as a situation:

1. in which personal action made a difference to the outcome
2. where an event went unusually well
3. where things did not go as planned
4. that is particularly demanding
5. that captures the essence of what your work is all about.

This can be related to any learning event not just those involved with direct patient contact e.g. a teaching session, an MPT meeting, observation of surgery or an investigation (e.g. bronchoscopy, cardiac catheterisation, X-Ray**)**

A SLE report should be completed for each placement and can be discussed with your VT to gain feedback. You can use either the Gibbs Reflective Cycle or the CSP Reflective Practice Proforma (see both below).

**Description**

(Brief)

**Action Plan**

(If it happens again what will you do differently in your future practice as a result of this experience?)

**What were your feelings?**

(Before, during and after)

**Conclusion**

(Could you have done anything differently in this situation?)

**Evaluation**

(What went well and what did not go as expected?)

**Analysis**

(What did you learn about yourself and the situation from this event?)

**The Reflective Cycle (based on Gibbs, 1988)**

**CSP Reflective Practice Proforma: Learning from Doing**

Describe a recent experience in your professional life

What did you do…

…and why?

What went well…

…and what could have been better, if anything?

What (if anything) would you now do differently, faced with a similar situation?

Describe what you learnt from this experience? *(Learning outcomes*)

Example of a Significant Learning Experience Report

**Description:**

I was asked to visit a potentially difficult patient in Intensive Care Unit who had come in with an acute exacerbation of Chronic Obstructive Pulmonary Disease.

**Feelings:**

My initial feelings were of panic as she had previously responded very badly to my clinical educator and another student. I was worried as I had never encountered such a difficult patient before who was refusing all kinds of physiotherapy intervention. I felt flustered and not as confident in communication and treatment choice. However, her unwillingness to co-operate made me a little stubborn, and so I was pleased that I continued with the treatment myself.

**Evaluation:**

I feel that the fact that I didn’t just give in was good in this situation, as that would have been very easy to do. It made me problem-solve to think of new and different forms of treatment that the patient would comply with. I am also happy that I did not just give up and rely on my clinical educator to step in and take over, as her absence was brought about somewhat unorthodoxly.

**Analysis:**

I feel that this experience has made me more confident in encouraging patients during treatment and not being over-anxious with them. I realised that I could have been even less cautious in pushing this patient further as she might have responded better to assertive instructions and firm direction. I have learnt that I am able to deal with potentially difficult patients and that by altering your approach and persisting with patients you can get sometimes through to them after a while.

**Conclusion:**

In future, I would be less anxious to persist and challenge the patient, as I realise that if done correctly, it is in the patient’s best interests. I think that I would also be more understanding and less surprised that acute illness can have such a great effect on patients’ personality and state of mind.

**Actions**:

* Be as understanding and empathetic as possible with the patient, without patronising them.
* Assess the limits within which I could safely challenge the patient.
* Persevere with my patient and come up with imaginative alternative treatment choices should they initially not wish to comply.

**Assessing reflective writing using Williams et al’s (2000) criteria**

There are numerous tools in the literature to facilitate the process of assessing reflection. The tool detailed below is believed to be of particular relevance to the Significant Learning Experience Report.

Tool characteristics

* Based on criteria developed by Boud et al (1985)
* Describes the process of reflection, rather than merely categorizing the types of reflection
* Developed on physiotherapy students writing about their clinical placements
* Reliability assessed
* Easy to understand

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| Level of  Reflection | Description | Stage in the process |
| **0. Non reflection** | Is descriptive in nature reporting on what is happening rather than analyzing the learning event, issue or situation | **No analysis** has occurred of the learning event, issue, or situation. |
| **1. Describes learning** | Describes the learning event, issue or situation. Describes prior knowledge, feelings or attitudes with new knowledge, feelings of attitudes | What happened? |
| **2. Analyses learning** | Analyses/re-evaluates the learning event, issue, or situation in relation to prior knowledge/feelings/attitudes | What is your reaction to the learning event, issue, or situation? Why did it happen? |
| **3. Verifies learning** | Verifies/confirms the learning event, issue, or situation in relation to prior knowledge, feelings, or attitudes. | **What is the value** of the learning event/issue/situation that has occurred? Are the new knowledge, feelings/attitudes about the learning event/issue/situation **correct?** |
| **4. Gains a new understanding** | Relates 1, 2 & 3 to gain a new understanding of the learning event, issue, or situation. | **What is your new understanding** of the learning event, issue, or situation? |
| **5. Indicates future behavior** | Indicates how the new learning event, issue, or situation will affect future behavior. Determines the clarification of an issue, the development of a skill, or the resolution of a problem. | **How will you approach** the same/similar event, issue, or situation in the future? |

**Learning styles and reflection**

To move smoothly through all stages of the learning cycle requires a balance in the learner of the four learning styles (Honey and Mumford, 1992). Unfortunately only 2% of the population has all four styles comfortably within their repertoire. 70% of us have one or two strong preferences.

It is therefore worth being aware of the relationship between the learning cycle and learning styles, as each style facilitates different aspects of the cycle.

A person who has a strong preference for one/two learning style(s) may benefit from understanding this influence on his/her passage around the learning cycle & therefore become aware of where he/she may ‘get stuck’.

|  |  |  |
| --- | --- | --- |
| **Learning Style** | **Preferred aspect of cycle** | **Relation to Williams et al**  **Criteria** |
| Activist | Have the experience | 1. |
| Reflector | Review the experience | 2,3 |
| Theorist | Conclude from the experience | 3,4 |
| Pragmatist | Plan the next steps | 5 |

**ASSESSMENT PROCEDURES**

All of the six practice placements are assessed using a CPA form. All placements are marked against the appropriate level learning outcomes using the marking and performance descriptors. However, only the marks for the two level 3 placements (3a and 3b) count towards the degree classification.

**CPA form**

This assessment reflects the complete period of the placement and is undertaken by the PE(s) supervising you. The majority of feedback is formative. It is provided throughout the placement and summarised on the CPA form at midway and final appraisal. Summative feedback is provided at the final appraisal.

The practice placement outcomes incorporate the areas identified by the HCPC (Standards of Proficiency, 2012) and the CSP (Physiotherapy Framework: putting physiotherapy behaviours, values, knowledge & skills into practice, 2011) and are assessed under the following sections:

Section A:

* Safety (pass/fail only)
* Professionalism (pass/fail only)

Section B:

* Communication
* Clinical reasoning including knowledge, understanding, relevant supporting evidence
* Practical skills
* Organisation and Learning Behaviour.

A mark is given for all sections, except safety and professionalism which are pass/fail only. The overall placement mark is an average of the four section marks but all sections must be passed to pass the placement overall. If any components in section B (communication, clinical reasoning, practical skill or organisation & learning behaviour) are failed, the mark for the placement is the average of any marks below 40% not all four marks.

It is intended that the learning achieved at each level will be utilised in subsequent practice placements and create an upward spiral as the knowledge and skills acquired in your first practice environment are further developed.

The CPA form for each placement can be hand written or completed electronically (electronic form available on Blackboard and the Practice Support Net) but if completed electronically this must be printed off and signed. It is **your responsibility** to submit your completed CPA form before the submission deadline for each placement. You should take a photocopy of all your assessment forms before submitting them and keep them in your portfolio for future reference.

**Self-Assessment form**

This is a modified version of the CPA form that you should complete for both the midway and final appraisals. Its purpose is to encourage reflective practice and increase self-knowledge during the placement. It is important to consider this early on in the placement so that personal strengths and weaknesses can be identified. These should be discussed with the PE at the midway and final appraisals and with the VT when they visit so that progress can be recognised and development needs can be addressed individually, encouraging responsibility for self-development.

**METHODS OF RE-ASSESSMENT**

**In the event that the placement is failed a re-sit opportunity is at the discretion of the Award Board.**

You must inform the Clinical Coordinator in the event of a failed assessment so that the appropriate advice can be given regarding the resit procedure.

If a further assessment opportunity is granted an additional practice experience will be required. This will usually take place during the summer holidays. These are arranged by the PPO in conjunction with the Clinical Coordinator. The exact dates will depend on availability of placements.