UNIVERSITY^{OF} BIRMINGHAM

Physiotherapy Practice Placement Handbook

MSc Physiotherapy (Pre-registration)

(Updated Sept 2014)

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Every effort has been made to ensure the content of this handbook is correct at time of going to press. Please note that changes may be made during the course of your programme.

Introduction

Welcome to both our MSc Pre-Registration students and Practice Educators.

This handbook contains information about the MSc (Pre-reg) Physiotherapy programme that commenced in January 2005.

The course has been designed to meet the professional and statutory requirements of the Health and Care Professions Council and the individual professional bodies. In addition, the interests of purchasing authorities and other interested stakeholders have been carefully considered. As well as being considered as a learner and developing therapist, the student is viewed as a potential employee within the public, private and voluntary sectors throughout the entire programme.

Whilst on practice placements, students are deemed to be ambassadors of both the University and the Profession and as such are governed by the University Fitness to Practice Regulations, the HCPC's Standards of Proficiency - Physiotherapists (HCPC, 2013)¹, the HCPC's Standards of Conduct, Performance & Ethics (HCPC, 2012)², Quality Assurance Standards for physiotherapy service delivery (CSP, 2013)³ and CSP's Rules of Professional Conduct (CSP, 2011)⁴. Students should also be aware of the CSP's Standards of Physiotherapy Practice (CSP, 2005)⁵. Copies or links to copies of all of these documents can be found in the 'Physiotherapy Placement Handbook; General Resources; Practice Placement Standards, Policies & procedures' on Canvas.

Safe practices are an essential part of the programme and are a necessity under the Safety, Health and Welfare at Work Act, 1989. Students must ensure that they practise in a safe manner at all times and follow the Health and Safety Policy of each NHS Trust and in which they are placed.

We hope the information in this handbook is helpful in providing information regarding your practice education. Please let us know if there is anything else you would have liked included.

⁵ Chartered Society of Physiotherapy (2005) *Standards of Physiotherapy Practice*. London: CSP

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¹ Health and Care Professions Council (2013) *Standards of Proficiency – Physiotherapists.* London: HCPC

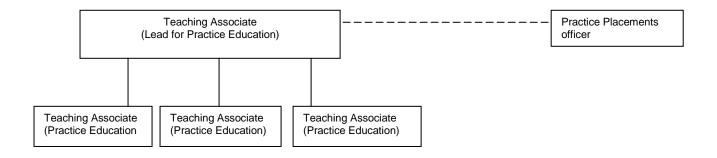
² Health and Care Professions Council (2012) *Standards of Conduct, Performance & Ethics.* London: HCPC

³ Chartered Society of Physiotherapy (2013) Quality Assurance Standards for physiotherapy service delivery. London: CSP

⁴ Chartered Society of Physiotherapy (2011) Rules of Professional Conduct. London: CSP

The Practice Placement Team

Details of the Physiotherapy Practice Placements Team



Title	Name	Telephone	E-mail	Room
Teaching Associate (Lead for Practice Education)	Christina Anderson	0121 415 8613	c.b.anderson@bham.ac.uk	125
Teaching Associate (Practice Education)	Marianne Hensman	0121 415 8591	m.l.hensman@bham.ac.uk	125
Teaching Associate (Practice Education)	Paul Jepson	0121 414 7583	p.d.jepson@bhamac.uk	134
Teaching Associate (Practice Education)	Lizzie Gibbens	0121 414 2873	e.m.gibbens@bham.ac.uk	112
Practice Placements Officer - Internal	Norma Jones	0121 414 3508	n.l.jones@bham.ac.uk	S224

http://www.birmingham.ac.uk/schools/sport-exercise/staff/index.aspx

Practice Placement Education

Rationale

Practice placement learning is recognised as integral to the academic (campus-based) programme. It allows the development of profession specific and generic skills within a practice context and is designed to promote critical thinking and problem solving based on available evidence. It offers experience in physiotherapy practice within a range of modern health care settings and within the context of a culturally diverse society, thus developing flexible practitioners with a holistic approach to service user management.

Aims

The aim of practice education is to offer a range of practice-based learning experiences that encourage the application and development of theoretical knowledge and practical skills learned during academic modules, transforming it into the deep contextual knowledge required within professional practice.

Practice placements are an essential component for both professional and academic development of MSc (Pre-reg) Physiotherapy students. They provide an integrated continuum of education that allows students the opportunity to develop their understanding of theoretical concepts, skills and attitudes required of an HCPC registered physiotherapist.

With careful supervision and guidance from practice educators, students are able to demonstrate observation, analysis and critical evaluation, use their communication skills and reflect on their personal and professional development. In addition to acquiring therapeutic competence students establish organisational and management strategies, enabling them to adapt to the changing needs of service users within health and social care environments.

By experiencing practice in the 'real world', students learn how to apply all of their skills, knowledge and understanding to physiotherapy with initiative, creativity, vision and resourcefulness, both independently and as part of a team in a challenging interprofessional health care environment.

For practice educators the opportunity to contribute towards the student's education provides exciting challenges and rewards. It promotes new approaches to practice, facilitates the acquisition of management and supervision skills and embraces the concept of continuing professional development.

Campus Based Learning

MSc (Pre-reg) Physiotherapy Programme Structure

Practice Educators should use this information to help the student to link theory with practice. Practice Educators should also refer to the programme content as a means of checking a student's knowledge against the learning outcomes of each module.

Modern physiotherapeutic practice is characterised by a problem-solving approach to patient care, reflective behaviour, clinical reasoning and the exercise of informed clinical judgement, adherence to an evidence-based approach to health care and a commitment to CPD.

This programme provides the opportunity for value to be placed upon students' prior learning and life skills. Utilising such skills means that the course can be completed over two calendar years, rather than the traditional three. Such a route gives a second opportunity for those graduates who wish to become physiotherapists. Students undertaking this programme should be more self-directed and possess an insight into their own ways of learning.

The programme is designed around the core areas (i.e. the management of neurological, cardio-pulmonary and neuro-musculoskeletal dysfunctions) with knowledge from the biomedical and psychosocial sciences recruited as required. Use of Problem Based Learning should facilitate student centred learning and encourage the development of working collaboratively at an early stage. Practitioners who are skilled in critical analysis and evidence-based practice in its broadest sense are essential. Following successful completion of the programme students will become eligible for the award of an MSc in Physiotherapy. They will be eligible to apply for registration with the Health Professions Council to practice physiotherapy in the UK.

M Level Academic Content

Appendix 1 gives an overview of academic modules.

Summary tables of Year 1 & 2 below. For details of campus based modules see relevant Student Programme Handbook.

Year 1			
Clinical Education	Modules covered prior to Placement	Method of Assessment	
CE1 - July/Aug CE2 - Sept/Oct CE3 - Nov/Dec	Developing Evidence-based Cardio-respiratory Practice Anatomy, physiology and pathology of the cardio-respiratory systems. Assessment and management of these problems. Clinical reasoning and evidence-based principles applied to this patient group using problem-based learning.	5000 word case commentary – 100%	
	Developing Evidence-based Neurological Practice Anatomy, physiology and pathologies of the central and peripheral nervous systems. Observation, assessment and management of these problems. Evaluation of different theories of management of this patient group.	Seminar presentation based on a neurological rehabilitation case history – 70% 1200 Essay – 30%	
	Developing Evidence-based Neuro-musculoskeletal Practice Anatomy, biomechanics and normal function of the cervical spine, upper limb, lumbar spine and lower limb. Assessment for dysfunction, healing of tissues. Clinical reasoning and evidence based principles applied to management.	Seminar presentation based on case study – 70% 1200 Essay – 30%	
	Contexts of Physiotherapy Practice Service-learning experience, practice within current health and social care context, communication and working with others. Legal and ethical issues of professional development and skills necessary for effective negotiation of learning, reflection on learning and subsequent reporting. Main focus - Importance of awareness of the service user's voice in the development of the healthcare professional.	4,000 word (max) portfolio-based assignment – 100%	
	Project (Covers Year 1 and Year 2) Literature searching and identifying gaps in the available evidence, critiquing literature, planning research to answer revealed questions. Designing and carrying out a research project to address a gap in the evidence.	Dissertation of 14000-16000 words submitted towards end of Year 2 – 100%	

Year 2			
Clinical Education	Modules covered prior to Placement	Method of Assessment	
CE4 - Feb/March CE5 – July/Aug CE6 - Nov/Dec	Advancing Physiotherapy Practice Uses case studies to explore physio management issues for people with chronic physical and/or mental illness, disability. Impact on client/family community. Psychosocial issues, QoL, evaluation of approaches, contemporary issues in health and social care.	5000 (max) word portfolio-based assignment - 100%	
	Developing Evidence-based Neuro-musculoskeletal Practice Theory and practice of various approaches. Theories of pain management. Ergonomics. Clinical reasoning and evaluative approach throughout. Project Literature searching and identifying gaps in the available evidence, critiquing literature, planning research to answer revealed questions. Designing and carrying out a	Poster presentation – 100%	
	research project to address a gap in the evidence.	Dissertation of 14000-16000 word – 100%	

Practice Based Learning

Practice Based Structure

The whole programme has been designed in consultation with practice partners to give greatest possible access to quality practice placements across the two years of study. However no guarantees are given concerning their location or precise nature. Whilst students normally have no choice with respect to location or type of placement, consideration is given to students with responsibility for dependents, students with disabilities and international students. These details are obtained at Programme Induction using the Student Personal Details Form (see Appendix 2).

The settings in which students gain practice experience are chosen to relate to the Programme Learning Outcomes and the kinds of environments in which they are likely to practise on qualification. Practice-based learning is organised to reflect the 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 and private practice, industry or the voluntary sector), and patterns of teamwork (with individuals increasingly working with members of other professions and relatively dispersed from other physiotherapists) (CSP, 2005⁶).

The student will have an identified clinical educator within a health care setting where they will have the opportunity to use and develop clinical knowledge and skills acquired during the previous modules. For CE2-6, the student should have the opportunity to identify learning needs from previous clinical experiences and attempt to address these needs within a different health care situation. The opportunity will exist to learn new profession specific skills and to acquire new knowledge. Where possible, a key feature of these modules will be the development of learning sets whereby students will facilitate each others' learning.

Different models of practice education may operate dependant on placement setting. There is little evidence that any model is superior to another (Lekkas et al, 2007)⁷. Students may expect to find, for example, a 1:1 model used in a community setting, collaborative and team models with peer-assisted learning in acute care. The Practice Placement Team works with practice educators to promote the use of a range of flexible and adaptable models of clinical education placements. While the ratio of student to practice educator should be appropriate to the service setting, increases in ratio are encouraged where this does not adversely affect quality (CSP, 2002⁸).

⁶ Chartered Society of Physiotherapy (2005) Learning in the practice environment in qualifying programmes of physiotherapy: guidance on its organisation, delivery and recognition. London: CSP

⁷ Lekkas P et al (2007) No model of clinical education for physiotherapy students is superior to another: a systematic review. *Australian Journal of Physiotherapy* 52: 19–28

⁸ Chartered Society of Physiotherapy (2002) *Guidelines for Implementing Collaborative* (Multiple) Models in Physiotherapy Practice Placements. London: CSP

The flow chart in *Appendix 3* shows the process for initial approval and ongoing monitoring of practice placements.

The Programme is scheduled over a two-year period of full-time study. It follows the University timetable and modular format as closely as possible. However to ensure fitness for practice and meet the CSP's requirement for a minimum of 1,000 hours of supervised practice based education⁹ this results in the lengthening of both years and is achieved through six clinical education modules, each of six weeks duration.

Levels I and H Practice Education

Throughout the six clinical education modules the student will be expected to revise the theoretical basis of the physiotherapy modalities utilised during the placement and apply the relevant clinical sciences to the patients encountered. Conditions may be encountered which are unfamiliar to the student. They are expected to utilise relevant resources to develop knowledge and understanding in such areas. There will be an emphasis on the students' development of clinical reasoning and application of evidence to support justification of the chosen management approach.

Timing of practice placements

Module	Timing (approx)	No. Weeks/Hours	Cumulative Total Hours
CE1 (Level I)	July/August	6 @ 30 Hours = 180	180
CE2 (Level I)		6 @ 30 Hours = 180	360
	September/October		
CE3 (Level H)		6 @ 30 Hours = 180	540
	November/December		
CE4 (Level H)		6 @ 30 Hours = 180	720
	February/March		
CE5 (Level H)		6 @ 30 Hours = 180	900
	July/August		
CE6 (Level H)	-	6 @ 30 Hours = 180	1080
	November/December		

The two levels of practice education reflect increasing demands and expectations as the contexts and presentation of service user problems become more complex. The clinical education module learning outcomes (see below) are designed to demonstrate the progression of academic and professional skills expected for each level of training.

Students are required to pass the relevant practice placements modules before progressing to the next level. Award of MSc in Physiotherapy will only be given where the student has completed a minimum of 1000 hours of supervised clinical practice. Where this has not been achieved the student will be required

⁹ Chartered Society of Physiotherapy (2002) *Curriculum Framework for Qualifying Programmes in Physiotherapy*. London: CSP

to undertake additional clinical practice education to complete the required hours. This will be by arrangement with the MSc programme team and may require use of vacation time or completed at the end of the programme. A student who, for some valid reason, is unable to complete the necessary amount of clinical experience may be required to transfer to the next intake of students.

Students are required to pass the relevant clinical education modules before progressing to the next level.

NB. Failed placements must be retaken. Where a student has failed a placement they will normally be allowed one resit of the placement in another setting. Retake placements will normally be undertaken during the summer vacation. If this retake is failed, they will be required to withdraw from the course or retake the year. Where the student is successful in retaking a Practice Placement Module, the minimum pass mark of 40% will contribute to the final mark. (See p26 for further details.)

Clinical Education 6 Module Guidelines

Your final placement (CE6) in October to December of Year 2 provides the opportunity to personalise this final clinical education module. It allows for further development of skills in self-direction and management. It also comes at a time when you may be living back at home because tenancy agreements came to an end in the summer. Additionally for some it may also act as an informal induction into a particular workplace. It should be emphasised that this is not mandatory – if you do not wish/are unable to secure a placement, you will be allocated one more locally in normal way.

If you are considering personalising your final placement you need to adhere to the following guidelines.

Identifying a placement

- The placement should not be in the West Midlands placement area because the University of Birmingham will be using all available placements in the area at that time.
- The placement must be in the UK.
- Your must ensure that the placement allows you to meet the Learning Outcomes for the CE6 module

Securing the placement

- You should make *tentative* enquiries of the placement.
- **Discuss** the suitability of the placement with Christina Anderson (Lead Clinical Tutor in Physiotherapy).

- This should be done by 31st July at the very latest. If you have not discussed this with us by this date you will be allocated a more local placement in the usual manner.
- Contact details for the placement should be passed to Christina.
- Christina will liaise with the clinical team re follow-up. The placement will be allocated to a Clinical Tutor who will check the placement suitability including that it does not jeopardise a placement from another HEI. They will also do any further follow up, including contacting the student and educator during placement.
- You will be informed as soon as possible as to whether the placement can go ahead.
- You can expect to be contacted during the course of the placement, but it is unlikely that you will be visited.

Level I

Clinical Education 1: Year 1 July/August

Learning Outcomes

- Identify, address and evaluate the achievement of clinical learning outcomes
- Define problem lists for patients through analysis of assessment findings, in consultation with a physiotherapist
- Select and apply effective treatment programmes
- Maintain accurate and useful records of patients' assessment, management and prognosis
- Identify psychosocial, cultural and environmental issues in patient management
- Demonstrate involvement in teamwork within the clinical area
- Demonstrate organisational skills in the management of patients
- Communicate effectively with patients and colleagues

Clinical Education 2: Year 1 September/October

Learning Outcomes

- Demonstrate resourcefulness and variety in planning and developing learning within the clinical arena
- Define problem lists for patients through analysis of assessment findings, in consultation with a physiotherapist
- Select and apply effective treatment programmes
- Maintain accurate and useful records of patients' assessment, management and prognosis
- Identify psychosocial, cultural and environmental issues in patient management
- > Demonstrate involvement in teamwork within the clinical area
- > Demonstrate organisational skills in the management of patients
- Communicate effectively with patients and colleagues

Level H

Clinical Education 3: Year 1 November/December

Learning Outcomes

- Demonstrate resourcefulness and variety in planning and developing learning within the clinical arena
- Undertake effective subjective and objective assessment of multiple pathologies
- Select and apply safe and effective treatment programmes taking due account of time and resource management
- Maintain accurate and useful records of patients' assessment, management and prognosis
- Identify psychosocial, cultural and environmental issues in patient management
- Demonstrate effective teamwork and communication skills in all aspects of patient care
- Demonstrate organisational skills in the management of patients
- Synthesise knowledge in order to effectively problem-solve
- Apply principles of evidence-based practice in a variety of clinical contexts

Clinical Education 4: Year 2 February/March

Learning Outcomes

- Demonstrate resourcefulness and variety in planning and developing learning within the clinical arena
- Undertake effective subjective and objective assessment of multiple pathologies
- Select and apply safe and effective treatment programmes taking due account of time and resource management
- Maintain accurate and useful records of patients' assessment, management and prognosis
- Identify psychosocial, cultural and environmental issues in patient management
- Demonstrate effective teamwork and communication skills in all aspects of patient care
- Demonstrate organisational skills in the management of patients
- Synthesise knowledge in order to effectively problem-solve
- Apply principles of evidence-based practice in a variety of clinical contexts

Clinical Education 5: Year 2 July/August

Learning Outcomes

- Demonstrate resourcefulness and variety in planning and developing learning within the clinical arena
- Undertake effective subjective and objective assessment of multiple pathologies
- Select and apply safe and effective treatment programmes taking due account of time and resource management
- Maintain accurate and useful records of patients' assessment, management and prognosis
- Identify psychosocial, cultural and environmental issues in patient management
- Demonstrate effective teamwork and communication skills in all aspects of patient care
- Demonstrate organisational skills in the management of patients
- Synthesise knowledge in order to effectively problem-solve
- Apply principles of evidence based practice in a variety of clinical contexts

Clinical Education 6: Year 2 November/December

This module will focus on the development of abilities to manage a caseload at the level of a junior grade physiotherapist.

Learning Outcomes

- Demonstrate resourcefulness and variety in planning and developing learning within the clinical arena
- > Demonstrate ability to manage a caseload at junior grade level
- Undertake effective subjective and objective assessment of multiple pathologies
- Select and apply safe and effective treatment programmes taking due account of time and resource management
- Maintain accurate and useful records of patients' assessment, management and prognosis
- Identify psychosocial, cultural and environmental issues in patient management
- Demonstrate effective teamwork and communication skills in all aspects of patient care
- Communicate effectively in all aspects of health care
- Synthesise knowledge in order to effectively problem-solve
- Apply principles of evidence-based practice in a variety of clinical contexts

Placement Practicalities

Placement Hours

During the programme students are required to complete a minimum of 1000 practice placement hours. At the end of each placement the practice educator will record the hours on the Practice Placement Assessment Form (PPAF). The Practice Placements Officer then records these hours on the Practice Placements Database.

Students have supernumerary status throughout the three-year programme. This means that during the placement they are part of the team but extra to the staff allocated complement. Students are not normally expected to work more than 30 hours per week. A 7 day working week is now an emerging working practice therefore if your placement area has changed to this you will be expected to negotiate with your clinical educator to arrange your placement hours in line with theirs. This may mean if you work a Saturday /Sunday you have a rest day in the week as would your clinical educator.

Practice placements are organised and managed by the Practice Placement Support Unit according to the requirements of the programme. Students are informed at interview that placements are allocated in accordance with the placement capacity. Wherever possible the diversity of student needs is taken into account but students will be required to travel to a variety of placements.

Within six weeks of the start of the placement, students will be able to access their placement information from Practice Placement Administration System (PPAS) http://mymds.bham.ac.uk/portal/clinical/StudentAccessArea

Practice Educators also have a password access to the on line system and can view a range of facilities for their own placement areas. These include students they are expecting on placement, Student Placement Evaluation Questionnaires, Placement Location Detail sheets.

Click here to open the Practice Educator Database

Allocation Process

Following their placement, students complete an on-line profile form (see Appendix 4) that identifies their placement experiences and further learning requirements. This is then considered when allocating future placements to ensure that students gain experience within a wide range of acute and primary care settings. The spread of placements, although geographically wide, is mainly within the boundaries of the West Midlands.

The Management of Practice Placement Offers Flowchart (*Appendix 5*) identifies the procedures undertaken if placement capacity is an issue.

The allocation process aims to ensure that, over the length of the programme, each student will gain experience of working with a range of people of all ages with health conditions that affect different aspects of physical and psychosocial functioning. *Appendix 6* gives further details of both the allocation process and information available from the PPAS.

Preparation for Placement

Importance is placed upon ensuring that students are adequately prepared for their practice-based learning.

The student is allocated to a practice educator who will undertake the required responsibilities in their place of work in accordance with the individual's learning needs and previous experience. The practice educators can expect students to have a good grounding in basic knowledge and a good level of relevant practical skill, depending on academic level.

This is achieved in a number of ways, for example:

- Student attendance at campus based modules, workshops and tutorials including skill sessions in risk assessment, manual handling, basic life support and infection control. Details of these are available on Canvas in 'Health & Safety' area. Students who's fail to attend may not be able to go on placement,
- Pre-placement briefings by the Practice Placement Team
- Reflection on previous experiences and campus based learning to identify future learning needs
- A variety of information on practice placements, including placement location details can be found on PPAS http://mymds.bham.ac.uk/portal/clinical/StudentAccessArea (See *Appendix 7*) with additional information on Canvas, Physiotherapy Placement Handbook, in Modules Practice Profiles sections.
- ➤ Use of a Student Placement Induction checklist to check essential topics are covered by placement provider See *Appendix 8*.
- Knowledge of roles and responsibilities of Student, Practice Educator, Visitor

 See Appendix 9.
- ➤ Use of the Learning Contract. For examples and guidance see *Appendix 10*. Student copies are available on the Clinical website http://www.birmingham.ac.uk/schools/sport-exercise/clinicalphysio/support/placement-overview.aspx or Canvas.
- Students should make telephone contact with the placement 6 weeks prior to the start of the placement to address any queries.
- Students may wish to visit the placement prior to the start date to check travel time on chosen transport to ensure timely arrival to placement location.
- Students must be under the supervision of a suitably qualified and experienced physiotherapist (see Responsibilities of Practice Educator, (Appendix 9). This does not necessarily mean they have to be in eyeshot of each other. More junior physiotherapists can also have a valuable role in student facilitation.

Use of Private Vehicles

Use of private vehicles for travel to and from practice placements, must be approved by the School prior to each placement if claiming expenses. The form can be downloaded from Canvas, Physiotherapy Placement Handbook in Modules – Travel section.

See Appendix 11 for further information regarding the use of private vehicles

Student Expense Claims

Students may be able to claim travel and/or accommodation costs. See *Appendix 12* for further details

Placement Accommodation

For those placements at a considerable distance from Birmingham, the student may wish to organise accommodation. Please seek guidance from Norma Jones N.L.JONES@BHAM.AC.UK if required.

Attendance

Students must complete a minimum of 1000 hours of supervised placement practice during the programme. All Clinical Education modules require attendance at a designated placement for 30 hours per week. This is a compulsory component of the programme. Lunch breaks are not included in the total placement hours.

In the event of absence from a practice placement for an acceptable reason, the module will normally be considered as having been completed if the practice educator is able to make a judgement as to the student's performance and provided they have completed a minimum of 75% of the module. Failure to complete the minimum requirement of supervised practice hours will entail further practice experience being organised at the end of the programme.

Punctuality is an important quality in the health care professional. The start times given for placements means that students should be appropriately dressed and ready to start their first duties at the designated time. Time keeping throughout the day is also important and if the student has not completed their work by the designated time they may be required to 'work over': professionalism implies putting service users first and being willing to do that bit extra.

Study Time

In all clinical education modules (CE1-6), the student has been allocated the equivalent of one day each week for study throughout their placements. Study time should operate flexibly to meet the demands and routine of the placement and educator. It should not be assumed that Fridays would automatically be

allocated, as there may be reasons where it is appropriate for another morning and afternoon to be used. This should be negotiated with the educator.

Practice Placement Uniform

For students on NHS contracted places, the NHS currently pays for two pairs of trousers and three tunics. These will be ordered during Year 1.

The Placement Location Details include any specific uniform requirements with further details available via PPAS. Otherwise practice placement uniform is as follows:

- Navy trousers
- Physiotherapy tunic top
- A navy cardigan or sweatshirt (not hooded)
- ➤ Black or navy lace-up shoes with black or navy socks or white/blue or black trainers with white/navy or black socks ('fashion' trainers or canvas shoes are not acceptable).

On some practice placements such as paediatrics and gym work, navy tracksuit trousers and white polo shirt with the University logo are the accepted uniform. Items such as tracksuit trousers, polo shirts, sweatshirts are bought by the students.

Except in certain community placements where changing facilities are not available, students must not wear uniform to travel to and from practice placements or to visit shops, banks etc., even if it is covered with a coat or travelling in a car, as this increases the risk of spread of infection and may facilitate the development of resistant bacteria. If it is cold students may wear a plain navy cardigan or sweatshirt over uniform when not treating service users/patients, although hooded sweatshirts are not appropriate.

Students are expected to present a professional appearance at all times, as personal presentation and infection control are very important in a healthcare environment.

- Uniforms should always be smart and clean
- ➤ Hair should be tidy and, if long, should be tied up off the collar. If using hair ornaments, these should be discreet and dark in colour.
- No jewellery may be worn with the exception of a wedding ring, although students may, at their own risk, wear plain stud earrings (one in the lobe of each ear). Hoop earrings are not to be worn.

These requirements are also there for students' own safety as long hair and jewellery can constitute a danger when working with people and machinery.

Some departments will have changing facilities, but lockable facilities are often minimal. Students are therefore advised to keep personal belongings to a minimum when on placement.

The use of mobile phones within hospitals is prohibited as they can interfere with medical and communications equipment. It is inappropriate to make or receive personal telephone calls whilst on duty except in exceptional circumstances. NHS trusts have strict imaging policies with regard to consent and use, therefore digital devices e.g. mobile phones should not be utilised for this purpose. If you are in breach of this it would result in failure of your placement.

Students should wear their name badges and university ID at all times, unless this is a danger to service users/patients. However, some NHS Trusts provide students with temporary I.D. badges to wear instead of the University badge. These must be returned at the end of the placement.

Social networking

There are good examples of social networking in Healthcare for example the use of interactive CSP (iCSP) to share ideas and discuss pertinent topics in a professional manner.

'Legal, regulatory and professional considerations apply to you as a health professional or student when using social media – in the same way as they do when you are using other forms of communication, or sharing information. What you make public about your personal life on social media sites could have an impact on your employment and professional standing.'

'Social media sites are very rarely completely closed or secure. Inappropriate use of social media could have drastic consequences for your reputation, and could negatively impact on your professional status and employment prospects', (CSP, 2012).

Students should ensure they read and understand The Chartered Society of Physiotherapy (CSP) social media guidance document (July 2012) which can be found at http://www.csp.org.uk/publications/social-media-guidance (CSP members only) and on Canvas in the 'Physiotherapy Placement Handbook; General Resources; Practice Placement Standards, Policies & procedures' area.

The University GUIDANCE FOR SOCIAL NETWORKING SITES should also be read in accordance with the CSP guidance: https://intranet.birmingham.ac.uk/it/documents/public/social-guidelines.pdf

Supporting Students and Practice Educators

The Practice Placement Team is responsible for the organisation and support of practice education. An overview of the Team is shown on page 5 and on the clinical website http://www.birmingham.ac.uk/schools/sport-exercise/clinicalphysio/staff/index.aspx. The team have recently developed a website providing news and valuable information to both students and Practice Educators. This is continually updated throughout the year.

http://www.birmingham.ac.uk/clinicalphysio

A brief description of the roles of personnel involved in practice education is given below. Further details of responsibilities can be found in *Appendix 9*.

Roles

- ➤ The role of the Practice Educator is to facilitate the student's development into an autonomous professional who is flexible and able to meet service user needs.
- The role of the Clinical Tutor/Clinical Visitor is to act as the liaison between the University and the practice placements and providers. Each Clinical Tutor is responsible of a number of placements within a specified geographical area. They provide support for students and practice educators in the practice setting.

The Practice Placement Team provides biannual study days at the University for practice educators. Normally these are held in the vacation times and include one day for new practice educators and one for experienced practice educators. The Team are responsive to feedback from placement providers and courses can be 'tailored' to meet the needs of the practice educators

The team also provides regular workshops and 'road shows' throughout the year within the NHS Trusts to provide additional training and to develop stronger links between practice educators and the University. http://www.birmingham.ac.uk/schools/sport-exercise/clinicalphysio/CPD/index.aspx

For those practice educators wishing to gain CSP accredited status through the Accreditation of Clinical Educators experiential route, support is provided by a member of the Practice Placement Team.

http://www.birmingham.ac.uk/schools/sport-exercise/clinicalphysio/events/index.aspx

Visits

Clinical Tutors and Visitors are committed to placing value on all visits as a welcome and expected opportunity for all parties to meet and exchange ideas, to acknowledge the student's achievements, and to discuss any necessary revisions or changes to the practice placement. The Practice Placement Team and some of the academic staff are involved in visiting students, and this has resulted in a wide coverage of visits to placements.

All new practice educators receive a visit when taking their first student. All practice educators from placements not previously used by the University of Birmingham will also receive a visit. These visits serve to provide the practice educators with information about the programme and practice education of students, including assessment, facilitation of learning and learning contracts.

The Practice Placement Team ensures that students are normally visited at least once during their Clinical Education Modules 1 and 2 (Level I) & 5 (Level H). Each student will normally be contacted at least once on subsequent placements; however, practice educators or students may request visits at any time.

The visit may be arranged to coincide, as near as possible, with the mid way stage of the placement.

Depending on the placement and student need you will have contact with your clinical tutor at the placement location or in University and individually or as a group tutorial This format allows for discussion of placement, any areas of concern that need to be addressed, and as a way of monitoring student's progress in relation to achieving the assessment criteria. *Appendix 14* gives further guidance for practice placement visits.

During the visit, the Clinical Tutor completes a Practice Visit Form. This information is entered into an online version of this form by one of the Clinical Tutors.

The purpose of the record is to identify and document any key issues relating to the placement. In addition, it requires completion of an action plan to address any of the issues identified and then instigate action as appropriate. This could involve providing more support for the student, the educator or administrative issues such as updating the practice placement database with any changes to the placement or educator staff. *Appendix 14* gives further details.

The Practice Visit Form is kept on record if any concerns or issues were raised or reported on placement and the student's personal tutor notified of anything significant requiring further action. Otherwise the placement visit forms are destroyed after they have been inputted into PPAS.

The Failing Student

If the student is experiencing difficulties or is failing the placement, practice educators should notify the Clinical Tutor or Practice Education Lead as soon as possible. The Clinical Tutor will arrange to visit the placement urgently. At this meeting, the student and practice educator will be listened to in an open manner to ascertain the specific nature of the problems.

In the event of unresolved difficulties, the Lecturer with Responsibility for Practice Education may withdraw a student from the placement after consultation between all relevant parties.

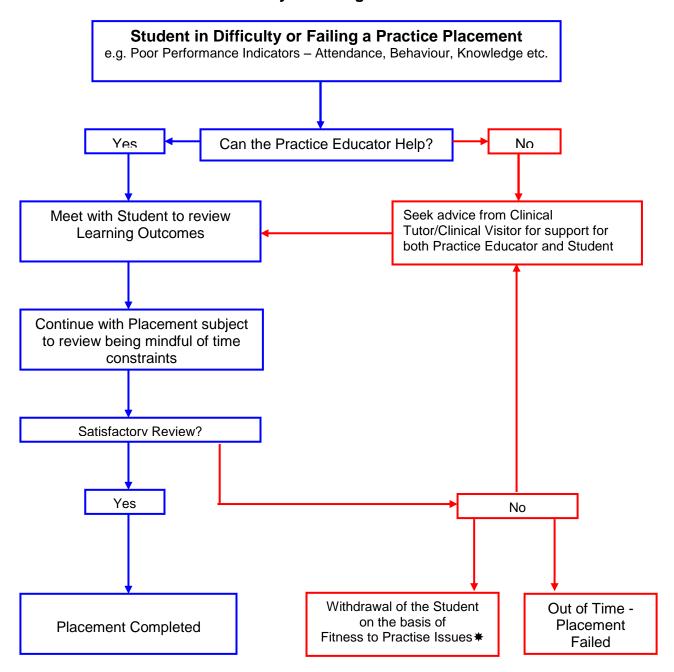
Students are required to pass the relevant clinical education modules before progressing to the next level.

Failed placements must be retaken. Where a student has failed a placement they will normally be allowed one resit of four weeks' duration of the placement in another setting. Retake placements will be undertaken at the next available clinical period. This system will result in the successive placements being rolled forward and the date of qualification delayed. If this retake is failed, they will be required to withdraw from the course.

Safety Fail

Physiotherapy Placement Handbook, in Modules – Fitness to Practice or Health & Safety sections.

Process for Student in Difficulty or Failing a Practice Placement



^{*}See University Fitness to Practise Procedures Code of Practice http://www.birmingham.ac.uk/Documents/university/legal/misconduct-fitness-practice.pdf

Resources and Alternative Support Mechanisms

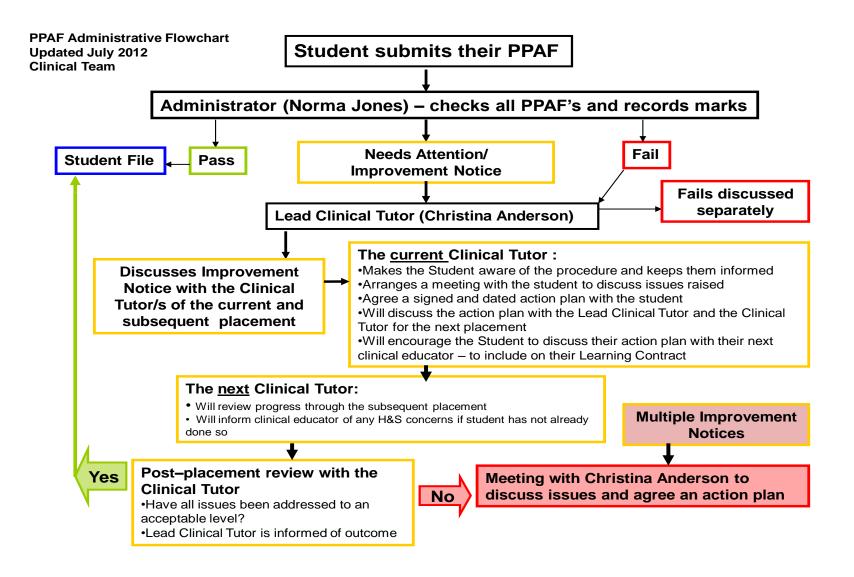
More than one visit to some students on distant placements may not be possible. Some students may experience isolation during the time they are away from home, and separated from family and friends. In response to this situation there are a number of alternative support mechanisms that have been established for students who may not receive more than one visit:

- Telephone calls Where further visits to students are not possible, they receive a telephone call from a member of the Practice Placement Team, to discuss their progress and receive guidance and feedback. Practice educators and students are encouraged to telephone the Practice Placement Team at any time during placements. Discussions and actions will be documented and kept in the student's personal file and the personal tutor notified of anything significant.
- The University of Birmingham Portal (www.my.bham.ac.uk/cp/home/loginf) allows access to students' University email accounts whilst away from campus and to the library facilities. Staff email addresses are published in the Student Handbooks and on the University website http://www.birmingham.ac.uk/schools/sport-exercise/index.aspx
- The Placement Location Details on PPAS give details of resources available on placement.
- Canvas Students on placement can use the 'on line' discussion boards and chat rooms to communicate with each other and members of staff.
- Further information regarding support for students with disabilities can be found on our website:
 - http://www.birmingham.ac.uk/schools/sport-exercise/clinicalphysio/support/disability.aspx or https://intranet.birmingham.ac.uk/as/studentservices/disability/index.aspx
- The University's Counselling and Guidance Service is available for students who can be referred by relevant staff or self-refer. Academic support appointments on Monday and Thursday evenings are available for those students identified with Semantic-Pragmatic Language Disorder (SpLD dyslexia/dyspraxia) whilst on placement. Details can be found in the Programme Handbook and on https://intranet.birmingham.ac.uk/as/studentservices/index.aspx

Student Support after Placement

Placement debrief - Where possible, on returning to the University, all students attend debriefing workshops facilitated by the Practice Placement Team, alternatively use will be made of the on line chat rooms. The aim of these sessions is for students to reflect on and discuss their placements and share positive and negative experiences.

Individual debriefing - Individual sessions with members of the Practice Placement Team are provided for students who have experienced difficulties on placement, received a 'needs attention' in Professionalism; Health, Safety and Security and/or Equality and Diversity dimensions or have failed a placement. (See overleaf).



Assessment of Clinical Education Performance

Practice Placement Assessment Form (PPAF)

http://www.birmingham.ac.uk/schools/sport-exercise/clinicalphysio/support/assessment.aspx

Overall student practice placement performance is assessed using the Practice Placement Assessment Form – See Appendix 15.

The Practice Placement Team provides both students and practice educators with information about the use of the Practice Placement Assessment Form (PPAF). For students this will occur during Preparation for Placement sessions and will be discussed in debriefing post-placement. For practice educators assessment procedures and issues will be discussed on study days, both on site and on campus, and with individual clinical tutors and visitors during placement visits.

The PPAF, the Clinical Education Learning Outcomes (see pages 14-16) and the Physiotherapy Marking Level Criteria (see *Appendix 17*) are used to determine placement marks.

A system of monitoring of placement assessment marks takes place as the assessment forms are submitted. Individual forms and composite mark sheets are scrutinised by the Practice Placement Team and any apparent anomalies identified. Any evidence suggesting problems with assessments will be investigated and appropriate actions taken. At the end of each academic year, student achievement across all assessment items, including Clinical Education Module marks, is presented at Programme Review.

The overall profile of marks identifies trends and areas of concern are noted for action. This may include practice educator training on assessment of student.

All clinical education modules are assessed using the undergraduate marking level criteria (I and H). Although students will receive a percentage mark this mark does not contribute towards M level credits. However all clinical education modules have to be passed for successful completion of the Programme.

Written Work

The student should participate in all placement related written work e.g. assessments, reports, notes, statistical and database-related work. The educators should not, however, ask students to complete additional essay type work, though student presentations may be appropriate.

Practice Placements Quality Assurance

Practice education is audited, reviewed and evaluated throughout the year to ensure a high standard of practice. This is achieved at a number of different levels.

Audit

All new placements are audited initially using the Physiotherapy Practice Placement Initial Audit document. This document requests a number of details from placement providers regarding policies, procedures and guidance E.g. Health and Safety, Fire, Equal Opportunities, Bullying and Harassment.

Ongoing reviews will use the ECQ Standards¹⁰.

The Clinical Tutor responsible for the placement area co-ordinates the audit. These details are collated by the Practice Placements Manager and used to monitor the quality of practice placements. See *Appendix 3* – Initial Approval and Ongoing Monitoring of Practice Placements Flowchart - for details.

Practice Placement Evaluation Questionnaires

Evaluation of and comments on the practice-based elements of the Programme are important in order to manage and maintain the quality of the Programme. The questionnaires are anonymous with no personal information recorded with the comments. The system can indicate which students have not completed the questionnaires as a reminder box remains on the screen until the questionnaire has been completed.

Students can access the Practice Placement Questionnaires online via http://mymds.bham.ac.uk/portal/clinical/StudentAccessArea once their placement has finished and are encouraged to provide professional feedback – See Appendix 18.

Feedback of student evaluations to practice placements can be obtained by agreement of the Practice Placement Support Unit, through a designated password protected Web page https://healthscinet.bham.ac.uk/Clinical/FacilitatorsAccessArea/index.asp

Practice Educator Evaluation Questionnaire

Practice Educators are invited to evaluate their experience as educators to maintain the quality of the Programme and of the Practice Placement experience. Practice Educators' access and submit the online Evaluation Form via the Practice Placement Administration System (PPAS) through their password protected placement account. These evaluations are monitored by the Clinical Tutor responsible for the placement area on a regular basis.

¹⁰ Skills for Health (2007). Assessing and enhancing the quality of healthcare education: interim standards.

External Examiner Visits

One External Examiner is invited to visit a sample of practice placements each year, meeting with therapy managers, practice educators and students as appropriate. Feedback from the External Examiner Reports on practice placements is used to make relevant changes.

Complaints Procedure

Any complaints which are related to the Practice Placement Modules are initially discussed in confidence with a member of the Practice Placement Team and/or Personal Tutor.

The university complaints procedure can be found here http://www.as.bham.ac.uk/legislation/complaints.shtml

Student Health and Safety on Placement

Student Placement Induction Checklist

All students should receive an induction into the organisation and be made aware of the relevant health and safety issues. They should begin completing an induction checklist (see *Appendix 8* – Student Placement Induction Checklist) during the first week of placement.

Student Health

As part of the admission process students are required to complete a health declaration and to provide an immunisation record undertaking vaccinations where necessary prior to the commencement of the course. Information provided is confidential and is only available to Occupational Health.

http://www.birmingham.ac.uk/Documents/college-

 $\underline{\mathsf{mds/haps/departments/nursing/ClinicalPhysio/Support/OccupationalHealthRequirementsFlow} \\ \mathsf{chart.pdf}$

Students are strongly advised to inform the Practice Education Lead and their practice educators of any health problems that may affect the placement in order to get the support they may need. Students have access to pastoral support, personal tutors and professional counsellors.

Learning Development

http://www.birmingham.ac.uk/schools/sport-exercise/clinicalphysio/support/disability.aspx

There are a number of students who require additional support from staff in relation to specific learning difficulties e.g. dyslexia, hearing and visual impairment. The following specific guidelines and procedures are adhered to in the allocation of placements. Before student placements are allocated, the Welfare Tutor, Personal Tutor and Lecturer with Responsibility for Practice Education meet to discuss those students who have special learning needs.

Where a student's needs are likely to impact on their learning on placement, an appropriate plan is produced in accordance with the Special Educational Needs and Disability Act 2001 (SENDA)¹¹. With the student's consent, the practice educator will then be contacted and made aware of any specific learning needs and any additional support that the student may need whilst they are on placement. Pre-placement visits by the student and personal tutor (in the case of students with disabilities such as visual impairment) and/or Clinical Tutor may be required.

Sickness Absence

Educators must ensure that they have given the student instructions on how to report sickness absence. If a student is absent from placement for more than five days a self-certificate must be completed (available online http://healthscinet.bham.ac.uk/IntranetDocs/WebCTStudentForms/Student%2 ODeclaration%200f%20Absence.pdf). After seven days a doctor's certificate is required. This should be seen by the educator and posted to the SHS Practice Placement Officer. Educators must keep a record of the dates of student absences, as this needs to be noted on the Practice Placement Assessment Form.

If the student has a prolonged period of sickness that compromises their ability to achieve a successful placement outcome, the educator must inform the Lecturer with Responsibility for Practice Education. A decision can then be reached about the continuation of the placement.

Students are responsible for notifying their placements directly and the University Clinical Physiotherapy team via email physio-absence@contacts.bham.ac.uk (Programme administrators log student absences). This should be done as soon as the placement is open in the morning and followed for each day of absence. Students should also inform the University via the same email address when they have returned to placement otherwise they continue to be recorded as 'absent'. This may require a letter from the GP stating that they are fit to return to placement.

Incidents on Placement

If an incident or near miss occurs on practice placement premises or at any other premises, the practice educator will be required to provide the Incident Form for the student to complete and this will be retained by the educator. Any incident must be reported to the Clinical Tutor as soon as is reasonably practicable. The Practice Educator must note any incidents on the student's Professional Development Assessment Form (see *Appendix 15*).

Disclosure & Barring Service (DBS) all students joining the programme from September 2002 have been subject to the enhanced DBS check. Students have their own copy of the processed disclosure form.

http://www.birmingham.ac.uk/Documents/college-

 $\underline{mds/haps/departments/nursing/ClinicalPhysio/Support/FlowchartCRBE videncingGoodCharac} \\ \underline{terConditionofOfferupdate2010.pdf}$

¹¹ Special Educational Needs and Disability Act 2001. London: HMSO

Health and Safety Legislation

The health and safety of students whilst on placement is an important factor in the healthcare programme provision and is seen to be the responsibility of both students and placement staff. Students should familiarise themselves with the policies of the placement provider.

Moving and Handling

In line with the Health and Safety at Work Act (1974) and the Manual Handling Operations Regulations (1992), manual handling has a high profile on the health and safety agenda.

All students must attend a course at the University in their first year before going on placement. Updates are attended each year and registers are maintained. The courses are organised and run by appropriately trained clinical staff and aim to ensure that principles of safe handling are practised in line with the Manual Handling Operations Regulations 1992.

Students who are unable to attend these sessions are informed that they must not engage in manual handling activities until the appropriate initial training has been completed on campus or in respective NHS Trusts.

All Practice Educators should be aware that it is their responsibility to offer further training with their student, so that skills introduced in the classroom are developed in the workplace setting. The practice educator must ensure that students are familiar with local policies, procedures and preferred equipment specified by the Trust.

Fire Lectures

Fire lectures and incident reporting procedures should form part of the student's induction process by the placement providers.

Home Visits and Community Working

In some circumstances students may be required to carry out unaccompanied home visits. The student should work within local policies and procedures. The student should be informed of the workplace safety procedures for home visits. The CSP (2006)¹² guidance and the following guidelines may also be useful:

- Educators should use judgement and involve the student in the selection of home visits for the student to carry out alone. Educator and student should take into account the ability and experience of the student, the nature of the visit and the level of responsibility required.
- ➤ Before making unaccompanied visits, the student should have the opportunity to experience home visits with the educator and other staff as appropriate.
- ➤ Before the visit, student and educator should discuss the visit, exploring anticipated issues so that the student is aware of the level of responsibility he/she is required to take.
- After the visit, the educator should discuss and reflect on the experience with the student.
- ➤ If the student chooses to use their own car for working with service users/patients whilst on placement, the student should ensure that they have additional motor insurance to cover this purpose. Educators should give the student details of how a car is to be used in their first communication with the allocated student.

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¹² CSP (2006) Guidance on developing student placements in community and other non-traditional settings. London: CSP

References

Chartered Society of Physiotherapy (2002) Curriculum Framework for Qualifying Programmes in Physiotherapy. London: CSP.

Chartered Society of Physiotherapy (2002) Validation Procedures. London: CSP.

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Chartered Society of Physiotherapy (2003). *Clinical Education Placement Guidelines*. London: CSP

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The Chartered Society of Physiotherapy (2010). Guidance for students using social networking websites, blogs, chat forums, texts and tweets. London, CSP.

Department of Health (2004) The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process. London: DH

Health and Care Professions Council (2007) Standards of Proficiency – Physiotherapists. London: HCPC

Health and Care Professions Council (2008) Standards of Conduct, Performance & Ethics, London: HCPC

Lekkas P, Larsen T, Kumar S, Karen K, Nyland L, Chipchase L, Jull G, Buttrum P, Carr L, Finch J (2007) No model of clinical education for physiotherapy students is superior to another: a systematic review. *Australian Journal of Physiotherapy* 52: 19–28

Skills for Health (2007). Assessing and enhancing the quality of healthcare education: interim standards.

Special Educational Needs and Disability Act (2001). London: HMSO

Appendices

Appendix 1 - Example of the Overall plan of MSc (Pre-reg) Physiotherapy Programme

M Level Academic Content

The MSc programme consists of 4 taught modules and 3 Practice Placement modules in year 1, and 2 taught modules, 3 Practice Placement modules and a research dissertation in year 2. The programme length is 2 calendar years, full time.

Practice placement modules 1 and 2 are assessed at level I (year 2 UG level) and the remaining Practice placement modules are assessed at level H (year 3 UG level)

Year	Term	Modules	Credit value and level
1	1,2	Developing Evidence based Cardio-respiratory practice	20 (M)
1	1,2	Developing Evidence based Neurological practice	20 (M)
1	1,2	Developing Evidence based Neuromusculoskeletal practice 1	20 (M)
1	2	Contexts of Physiotherapy Practice	20 (M)
1	2	Practice placement 1	10 (I)
1	3	Practice placement 2	10 (I)
1	3	Practice placement 3	10 (H)
2	1	Developing Evidence based Neuromusculoskeletal practice 2	20 (M)
2	2	Advancing physiotherapy practice	20 (M)
2	1	Practice placement 4	20 (H)
2	2	Practice placement 5	20 (H)
2	3	Practice placement 6	20 (H)
1,2	1,2,3	Project	60 (M)
		Total	180 (M)
			20 (I)
			70 (H)

Each credit is the equivalent of roughly 10 hours of work, which may consist of: independent study, attending face to face lectures, online tutorials, completing assignments, small group work, elearning and other forms of learning.

Appendix 2 - Student Personal Details Form				
PROGRAMME: MSc (Pre-reg) Physio	BSc Physio			
Date of Entry:				
Names should be given as entered or				
Surname:	Title:			
Forenames:	DOB:			
Home Address:	Local Address:			
Home Telephone:	Local Telephone:			
Mobile:	EMAIL:			
Person to Contact in case of Illness.				
Person to Contact in case of Illness: Name: Rel	ationship:			
Address:	· ·			
Telephone:				
Medical information Name of Local Doctor:				
Address:				
Addices.				
Telephone:				

Clinical Placements Information

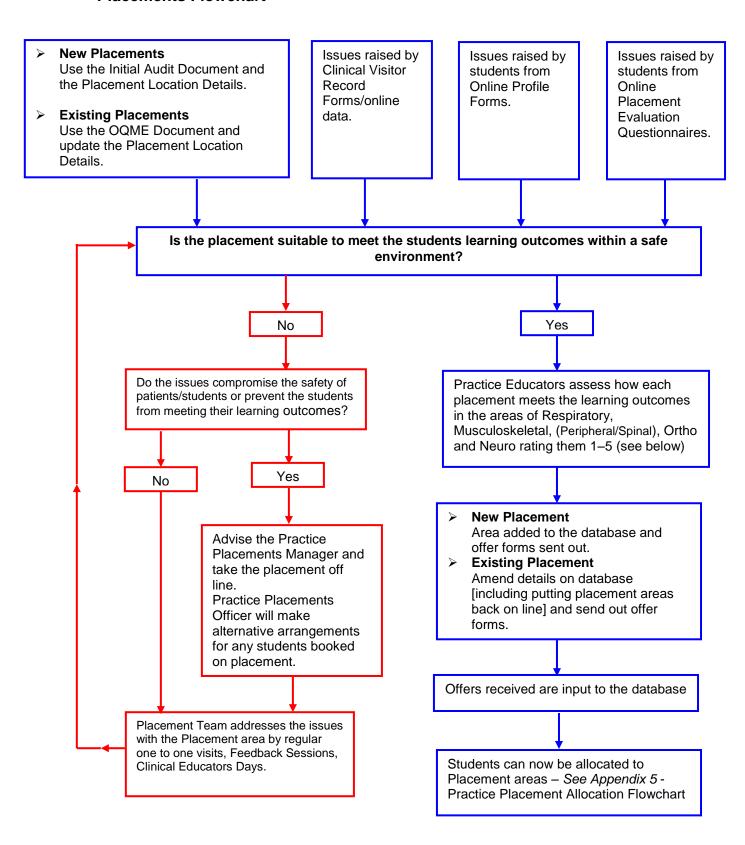
Do you have the use of a car for travel to clinical placements? YES/NO

Students who wish to use a car whilst on clinical placements should submit a request form together with relevant documents before each placement. Please refer to your Student Handbook for full details.

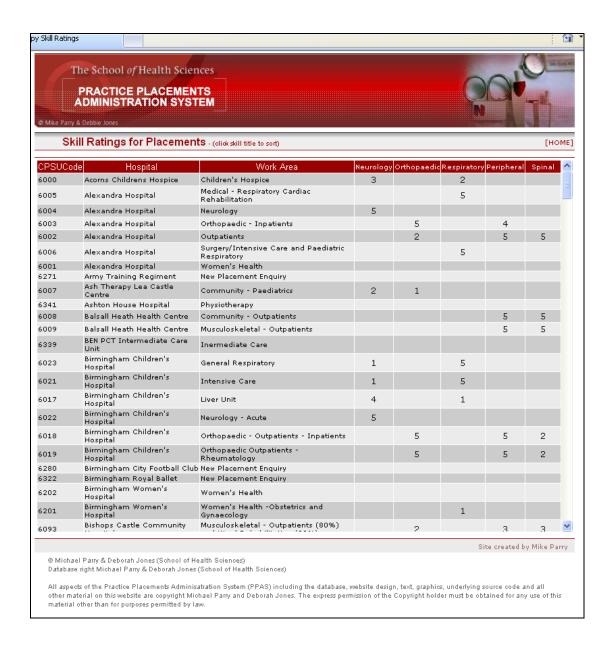
Do you have responsibility for dependents? (e.g. young children, elderly relatives) that might have implications regarding the location of placements? Please provide ages of young children where applicable.

If you have any other issues that might affect where you are placed for clinical experience, please discuss this with your personal/clinical tutor ASAP

Appendix 3 – Initial Approval and Ongoing Monitoring of Practice Placements Flowchart

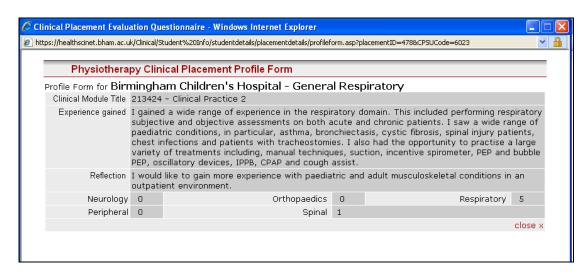


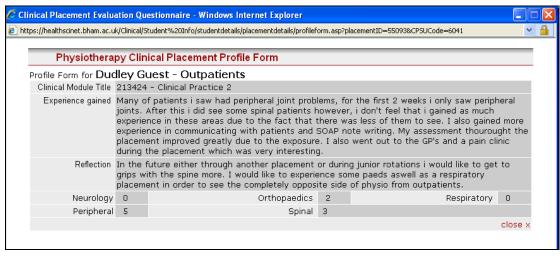
Core skills area ratings for each placement location



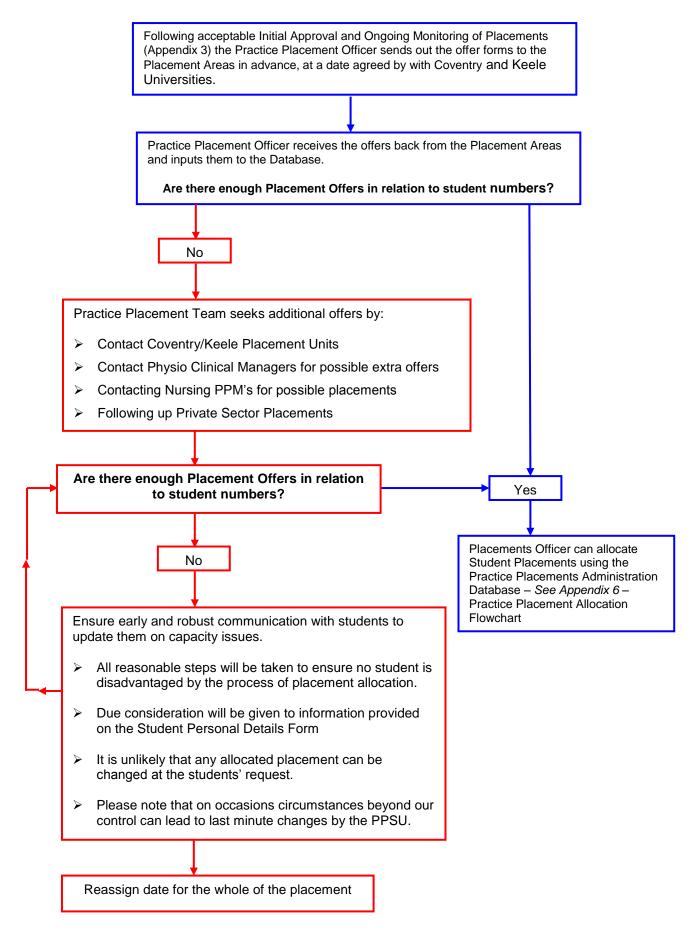
Appendix 4 – Student Practice Placement Online Profile Form

This also shows skill area ratings as indicated by student

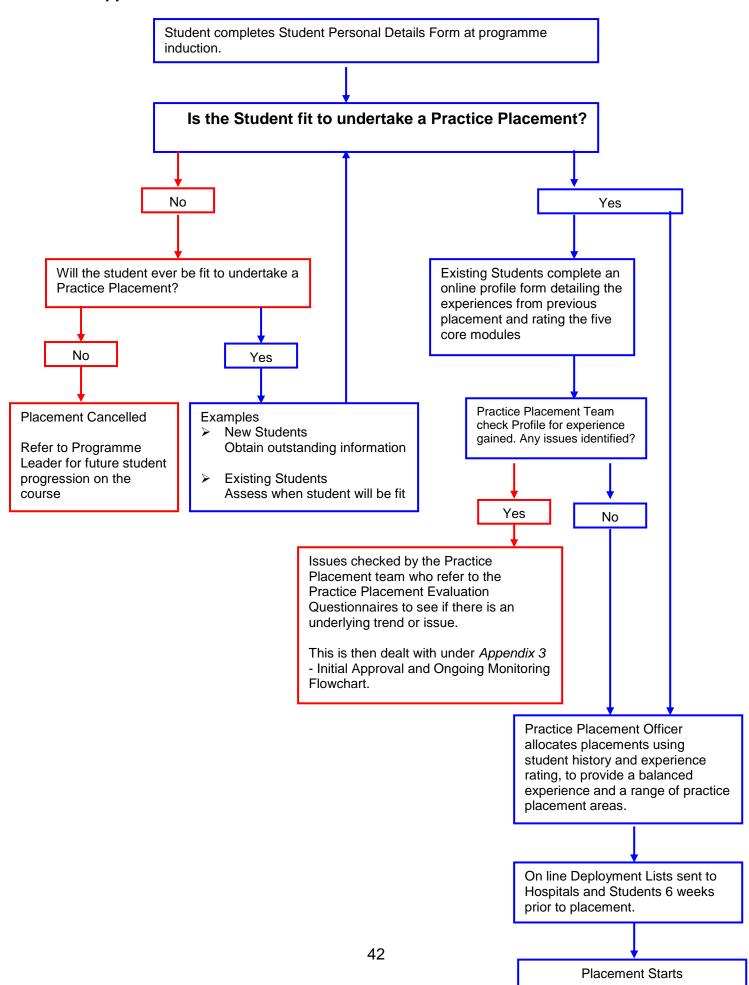




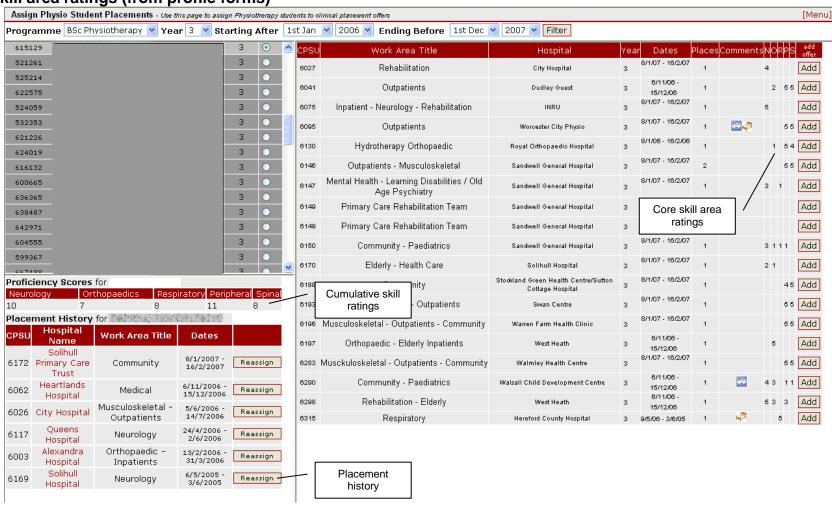
Appendix 5 – Management of Practice Placement Offers Flowchart



Appendix 6 - Practice Placement Allocation Flowchart



Appendix 7 Placement allocation screen showing skill area ratings, student placement history & student's cumulative skill area ratings (from profile forms)



Appendix 8 – Student Placement Induction Checklist

This checklist provides an example of topics to be considered during a student induction that normally takes place within the first week. The list is not exhaustive and other key topics may be added as appropriate.

Name of stud	lent	Start date	
Practice Plac	ement	Location	
	Introduction to key s Location of toilet fact Location of rest room Lunch, tea and coffee Dress code Work space	m, canteen (if relevant) e ee arrangements selephone, transfer calls, ls	etc.
	Fire procedures and Accident/incident re COSHH regulations Risk Assessment pro Manual handling pro Protective clothing a Infection control	nts (including names of discation of fire extinguist porting and location of a and requirements ocedures arrangements	shers ccident forms/book
> Home	visit policies		
> Other	issues:		
Signed (Stud	ent)		
Signed (Prac	tice Educator)		Date

Please retain a copy of this checklist for your records

Appendix 9 – Responsibilities of the Practice Educator, Student, and Clinical Tutor

Responsibilities of the Practice Educator

The responsibilities of the practice educator in relation to practice placements include:

- ▶ Being aware of the CSP Guidelines for Clinical Education Placements¹³, fulfilling those pertaining to the practice educator;
- Negotiating a learning contract with the student at the commencement of the placement, discussing achievement and agreeing modifications as appropriate (Guideline 3)
- ➤ Ensuring that s/he has sufficient experience and expertise to manage an effective practice placement (Guideline 4). This means that s/he
 - Is registered with the HCPC
 - Would have normally practised physiotherapy for at least two years
 - Has undertaken appropriate training prior to educating students and is ideally pursing CSP accreditation
 - Has undertaken regular updating of knowledge and skills
 - Demonstrates a positive commitment to physiotherapy student education
 - Conforms with the HCPC's Standards of Proficiency Physiotherapists (HCPC, 2007), the HCPC's Standards of Conduct, Performance & Ethics (HCPC, 2008), the CSP's Rules of Professional Conduct (CSP, 2002) and the CSP's Standards of Physiotherapy Practice (CSP, 2005);
- Liaising with the School via the Clinical Tutor and/or Visitor (Guideline 4);
- Preparing adequately by familiarising her/himself with the relevant learning outcomes and University requirements (Guideline 6);
- Supervising the student's practice, giving guidance when necessary (Guideline 9);
- Observing the student and giving regular, constructive feedback on performance (Guideline 9);
- Encouraging the student in the development of clinical reasoning skills and evidence-based practice (Guideline 9);
- > Assessing the student's overall performance using the Practice Placement Assessment Form (Guideline 9).
- Completing the Practice Educator online Evaluation https://healthscinet.bham.ac.uk/Clinical/FacilitatorsAccessArea/login.asp?U RL=/Clinical/FacilitatorsAccessArea/Location/feedback.asp (password protected).

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¹³ Chartered Society of Physiotherapy (2003). *Clinical Education Placement Guidelines*. London: CSP

Responsibilities of the Student

The responsibilities of the student in relation to practice placements include:

- Being aware of the CSP Guidelines for Clinical Education Placements¹⁴, fulfilling those pertaining to the student;
- Familiarising her/himself with the HCPC's Standards of Proficiency Physiotherapists (HCPC, 2007), the HCPC's Standards of Conduct, Performance & Ethics (HCPC, 2008), the CSP's Rules of Professional Conduct (CSP, 2002) and the CSP's Standards of Physiotherapy Practice (CSP, 2005);
- ➤ Ensuring adequate preparation for the placements by familiarising her/himself with the relevant learning outcomes and revising appropriately;
- ➤ Ensuring that s/he is aware of the location, nature and content of the placement;
- Contacting the practice educator 6 weeks prior to the placement to confirm placement requirements;
- Collecting relevant paperwork for the placement from the school, Canvas or Clinical Website.
- ➤ Negotiating a learning contract with the practice educator at the commencement of the placement and reviewing the contract at intervals during and on completion of the placement;
- > Participating in the work of the placement as directed by the practice educator;
- Developing a portfolio of evidence in support of learning;
- ➤ Ensuring professional behaviour throughout the placement, including adherence to any policies of the placement provider, the School and the University;
- ➤ Informing the Practice Educator, and the School of Sports, Exercise & rehabilitation Science via email (physio-absence@contacts.bham.ac.uk) on the first day of any absence from the placement
- ➤ Ensuring the Practice Placement Assessment Form (PPAF) is handed to the practice educator in the final week of the placement, completed in full by educator and student, and returned by the student to the School of Sports, Exercise & rehabilitation Science reception post box by the designated date. Before the envelope is sealed and signed by the practice educator, the student must take a photocopy of the PPAF for their own personal file/portfolio.
- Completing the online the practice placement evaluation and profile forms, with due regard to professional conduct.

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¹⁴ Chartered Society of Physiotherapy (2003). *Clinical Education Placement Guidelines*. London: CSP

Responsibilities of the Clinical Tutor

The responsibilities of the Clinical Tutor in relation to practice placements include:

- ➤ To contribute to the organisation of practice placement modules for identified student groups, including the delivery of pre-placement preparation;
- ➤ Ensuring that existing links between placement providers and the School are fostered and enhanced and to develop new placements;
- ➤ To take an active role in the planning and delivery of courses for practice educators, both on campus and in the placement area;
- Providing support for the student on his/her placement e.g. discussing any particular difficulties they may have such as travel, accommodation and pastoral issues as well as issues relating to practice education;
- ➤ Encouraging the student in developing their learning contract and in linking the learning experience of the placement to the student's Continuing Professional Development (CPD) portfolio;
- ➤ Ensure that the assessment procedures are fully understood and are complied with and to monitor the Professional Development Assessment Forms through the Practice Placement Database and liaise with the Lead Clinical Tutor and/or personal tutor(s) regarding any matters of concern relating to individual students;
- Identifying a student who may require future support and supporting the student who is experiencing difficulty or is failing;
- > Supporting the practice educator in improving the quality of student placements and where students are experiencing difficulties or are failing
- Co-ordinate the initial audit of the practice placement in accordance with the requirements of the HPC and CSP using the Physiotherapy Practice Placements Initial Audit document
- ➤ To monitor Placement Evaluation Forms for own area through the Practice Placement Database to ensure quality of placements;
- > To visit newly appointed practice educators to brief them on assessment, learning contracts and all relevant information relating to the programme.
- > To assist in the CSP accreditation scheme (ACE), in line with Chartered Society of Physiotherapy Policy
- ➤ Informing/updating the Practice Placements Team of practice developments, opportunities for induction and training, and local support systems for students;
- Informing practice educators of changes to the curriculum and delivery of campus based modules.

Appendix 10 – The Learning Contract

Students can download copies of the Learning Contract from Canvas, Physiotherapy Placement Handbook, Modules; Learning Contracts or from the Clinical Team Website.

Guidance

The learning contract is the document used to record the student's progress in relation to the learning outcomes of the module. In particular, it enables learning to start from the student's perspective.

Students are expected to negotiate an individual learning contract with their practice educators at the beginning of each practice placement module. The Learning Needs Analysis section or a SWOT analysis should be used to identify personal learning needs and, in discussion with practice educators, determine personal learning outcomes for the placement. These should take account of the module learning outcomes but should be individualised to the student. The practice educator may provide a set of pre-defined placement objectives to begin the dialogue but the learning contract's learning outcomes should be arrived at by negotiation.

These contracts form an active part of the learning process, and students are encouraged to review their learning outcomes at regular intervals, adding to them as outcomes are achieved. Thus they will help to guide learning on placement. The format is not concrete; there are currently 3 alternative versions.

On completion of the module students should again review the contract, identifying unplanned learning outcomes and individual needs for subsequent learning experiences. Thus the contracts form a progressive record of students' development for use as evidence within the professional development portfolio.

Appendix 11 – Use of Private Vehicles

Use of private vehicles for travel to and from practice placements must be approved by the Practice Placement Officer prior to each placement if claiming expenses. The form can be downloaded from Canvas, Physiotherapy Placement Handbook, Modules; Travel section.

The completed form, together with the current certificate of insurance and supporting evidence outlined below should be submitted to the Practice Placement Officer at least two weeks prior to the start of each placement

Students will need to provide evidence indicating that insurance cover is such that no liability will fall to the University or any NHS body should a claim arise during the placement.

Consideration needs to be given to the class of use provided by the insurance company, ensuring that cover is provided whilst travelling to and from placements. Clarification should also be sought to ensure that cover is still provided where a student is a named driver and not the main user of the vehicle for travelling to and from placements.

The wording on motor insurance differs greatly between insurance companies and students are strongly advised to check with their individual insurance company well in advance of the placement/request for approval as gaining clarification may take some time.

The University will not approve any applications that fail to provide such information and no claim for expenses for using a private vehicle will be paid.

Appendix 12 - Claims for Travelling and Accommodation Costs

Individual students' eligibility for claiming expenses depends upon their individual bursary award. Students are given details about claiming expenses with their pre-placement information from SHS and via Canvas. If students have any further enquiries about expenses they should contact the Practice Placement Officer.

Students should have already received information regarding their bursary directly from the NHS Student Grants Unit in Fleetwood http://www.nhsbsa.nhs.uk/students

See

www.nhsbsa.nhs.uk/816.aspx

www.nhsbsa.nhs.uk/Students/Documents/Students/PPTravel_Guidance_v2_1.pdf

Currently claims can be made for:

- Travel to and from practice placements, by the cheapest mode of transport, provided this is in excess of normal daily travel to the University. Journey times and distances can be found at www.multimap.com
- Accommodation for placements at a distance from Birmingham, where it has been necessary to pay for two accommodation addresses, i.e. Birmingham address and placement address.

Public transport is usually the cheapest form of travel and students will normally be expected to use such transport, purchasing a weekly/monthly travel card as appropriate. Students who choose to use their own vehicle may only claim mileage costs up to that of public transport.

Use of students' own vehicles for travel to and from practice placements must be approved by the Practice Placements Officer. A form requesting approval can be found on Canvas, Physiotherapy Placement Handbook in Modules – Travel section. This must be completed and submitted to the Practice Placements Officer, together with a copy of the student's motor insurance.

Students must provide evidence indicating that their insurance cover is such that no liability will fall to the University or any other NHS body/private hospital should the student be involved in a claim.

For accommodation expenses, the NHS Student Grants Unit may reimburse for extra accommodation up to a maximum of 110% of the cost of normal term time accommodation.

How to claim

- Claim forms can be found on Canvas and at http://www.nhsbsa.nhs.uk/Students/Documents/Students/PPTravel_claim_form _v2_1.pdf
 - and should be completed and placed in the box in Reception marked 'Physiotherapy Travel Claim Forms' as soon as the expenses have been incurred. Please ensure that the form has been completed accurately and all calculations checked. Incomplete forms will be returned, resulting in a delay in processing the claims. Purchasing weekly/monthly travel passes is recommended as this significantly cuts down the number of receipts and amount of paperwork required and can speed up the claims process. The claim and receipts should be submitted in duplicate and it is suggested that students keep a copy for their own record.
- Once the claim form has been completed, receipts for expenses must be attached. and the whole form/attachments photocopied. Both original form and copy must be submitted when presenting claims.
- ➤ In the case of accommodation claims, a copy of the current tenancy agreement for the local term time address showing the amount of rent incurred for the period of the practice placement will also be required.
- Receipts for expenses must be attached to the claim form and, in the case of accommodation, a copy of the 'tenancy agreement for their local address showing the amount of rent incurred for the period of the practice placement.
- Completed forms will be checked by the Practice Placements Officer and will be sent to the NHS Student Grants Unit. Payment will be made directly into the account.

Appendix 13 - Management of Practice Educator Training

University of Birmingham Physiotherapy Clinical Tutors hold the responsibility to provide support to Practice Educators [see Clinical Tutor Responsibilities *Appendix* 9). The Practice Placement Team provides courses for both new and experienced Practice Educators at the University and at placement provider sites throughout the year. For those practice educators wishing to gain CSP accredited status through the Accreditation of Clinical Educators experiential route, support is provided by a member of the Practice Placement Team.

At present, a new section of the PPAS [Practice Placement Administration System] database is being developed to ensure a robust mechanism for checking that each placement area has an adequate number of appropriately qualified and experienced staff. The database will also be able to match Practice Educators' training needs to the relevant courses provided by the Practice Placement Team.

The database can highlight practice educators who have not yet taken on students in order to maintain and develop the number of practice placements.

The Process

Registration Form sent to placement providers for dissemination to the Practice Educators.



Completed Registration Forms returned to Practice Placements Officer who inputs the details to the database



Prior to a proposed Practice Educators course/update the Practice Placements Officer will run a report to show which Practice Educators have not attended a specific course and will send an individual "Priority" invite to the course. Flyers are also sent out to the trusts inviting any Practice Educator to the course. Practice Educators wishing to attend are requested to either e-mail or telephone the Practice Placements Officer.



The Practice Placements Officer collates the replies and inputs these to the database, giving priority to the individual invites with a reserve list where the day is oversubscribed.



The Practice Placement Officer sends an e-mail confirmation produced by the database to the Practice Educators, stating whether they have been accepted.



Two weeks before the Course the Practice Placement Officer e-mails the accepted Practice Educators asking them to confirm attendance. The reserve list is used if there are any cancellations.



The Placement Officer inputs any updated information to the database to produce an Attendance List and Certificates of Attendance.



The course takes place. The Practice Placement Officer amends the database for non-attendees. Certificates of Attendance are issued. Feedback forms are requested.



The Practice Placement Team meets to discuss the course and the feedback received.

Appendix 14 - Guidance for Practice Placement Visits

This information is intended as a guide only to assist visiting staff to structure the discussion and to elicit meaningful feedback from both the student and the educator.

- ➤ For Clinical Education (CE) 1, 2 & 5, the Practice Placement Team ensures that every student is normally visited.
- ➤ For Clinical Education (CE) 3, 4, & 6 students and educators can expect a contact during the course of the placement, This may be a group tutorial at the University or/or a follow up phone call.
- ➤ It is important that any fundamental difficulties are addressed, as well as to learn new skills and consolidate knowledge.
- The visit should be structured according to student and practice educator needs.
- ➤ The Visitor is likely to meet with the Student and the Practice Educator separately, or may meet with both together
- ➤ A Practice Visit Form should be completed at the end of each visit and kept by the clinical tutor team. An electronic visit form may also be completed on PPAS. Additional documentation may be used if improvement notices are issued or failing student situation occurs.
- Where there are any unresolved difficulties, or where there is a possibility that the student might fail, the Lecturer with Responsibility for Practice Education should be informed.
- Further visits should be arranged where appropriate.

Practice Visit Form

University of Birmingham CLINICAL TUTOR PHYSIOTHERAPY STUDENT VISIT RECORD

Programme):————————————————————————————————————		Clinical Speciality—	
Date of Mod	dule From	:	То:	
Trust/Place	ment Locatio	n ———	Module:	
Student:			— Educator: — Email:	
Clinical Tut	or ———		Visit Number	
Personal Tu	utor		Date	
1. Discusse	d placement	in general an	y changes to databas	se details?
2. Learning	contract neg	otiated?		
3. Effective	Learning Env	vironment?		
4. Receiving	g regular feed	dback?		
5. Student V	Welfare			
6. Visitor Co	ontact with C	linical Educa	tor?	
•	ator/Student?	•	uired by Clinical	
Signatures				
Student	Tutor	Time spent on	visit (mins)	

Appendix 15 - The Practice Placement Assessment Form PPAF (MSc pre reg)

Instructions to Students:

Student's Signature:

Msc (F	Pre-reg) I	Physiotherapy -	 Practice 	Placement	Assessment	Form
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UNIVERSITY^{OF} BIRMINGHAM

1 One copy of this form is to be given to the Practice Educator at the beginning of each F	ractice Placein	ieni iviodule					
The form must be signed by both the practice educator(s) and student in the area indica number, programme and year should be written on envelope	nted, placed in	a sealed env	elope with th	e educator's	signature ove	r the seal. S	Student's
NB It is the student's responsibilty to submit this assessment form in the correct box in Rec placement. Failure to return the form will be taken as non-attendance. Late submissio programme handbook)							
Part 1: To be completed by the Student		Pract	ice Placen	nent Time	Sheet		
Name: Placement 1 2 3 4 5 6 Placement Location:	WEEK			HOURS			TOTAL
Experience Gained:		Mon	Tues	Wed	Thurs	Fri	
Part 2: To be completed by the Practice Educator On completion of the assessment process	1						
Name:	2						
Has the student been involved in a recorded incident whilst on placement?	3						
YES / NO (delete as appropriate)	4						
Final Mark:	5						
Practice Educator's Signature:	6						
Date:			Total P	lacement 1	Hours =		
PART 3: To be completed by Student following completion of Part 2 by the Practice Educator	1	BH= Bank Holi	day SL=Sick I	eave CL=Comp	assionate Leave	OL=Other	
I have had the oportunity to discuss the contents of this assessment with my educator.			•		any public h	-	
I have completed/will complete the on-line Practice Placements Evaluation/Profile forms.	(Stud	dents expect	ed to comple	te 30 hours p	er week, 180	hours in to	tal)

PART 4: To be completed by the Practice Educators

The criteria below are based on the STUDENT KSF GUIDELINES which incorporates the NHS KSF GUIDELINES, HPC STANDARDS OF PROFICIENCY, CSP CORE STANDARDS, PRACTICE PLACEMENT MODULE LEARNING OUTCOMES. Please grade each section by referring to the PPAF marking guidelines

SECTION 1: Individual Section Grades - Please write the student's grades (A-F) followed by the marks (0-100%) in the boxes provided. You may use the comments area to provide positive and negative feedback regarding any/all of the assessment sections as you see fit.

		Grade	Mark	Comments
Communication			%	
			%	
Personal & People Development			76	
Professionalism	PASS	IMPROVE	FAIL	
Health, Safety & Security	PASS	IMPROVE	FAIL	
Equality & Diversity	PASS	IMPROVE	FAIL	
		——		
			%	
Quality				
			0/	
			%	
Assessment & Treatment Planning				
			%	
Interventions & Treatments				
Practice Educator's Signature		ate		
Tractice Educator 5 Signature	D	ate		

NB: Every student should be evaluated against the placement specific learning outcomes using the full range of possible marks (i.e. 0-100%). Marks should not be limited according to the year of study.

Appendix 16 - PPAF Marking Guide

The PPAF marking guides are an essential part of the marking process. Copies of these are available for the students and from Canvas, Physiotherapy Placement Handbook, PPAF Marking Guides & PPAF, or Clinical Website.

Appendix 17 – Marking Level Criteria (For Clinical Education modules)

General criteria for marking assignments: Level I

Criteria

Sound knowledge base in field of study

Discrimination of content appropriate to task

Evaluation of evidence, arguments and assumptions

Use of research in an evaluative way

Problem solving ability

Integration of ideas to develop coherent and safe conclusions

Degree of research with some evidence of wider reading

Communication of ideas with some integration of theory and practice

Use of referencing

Accuracy and precision of handling skills was demonstrated as appropriate

A+ BAND (80-100%)

An outstanding ability was demonstrated in the criteria detailed. The work constitutes an excellent treatment of the set assignment.

A BAND (70 – 79%)

An excellent level of evidence was demonstrated in the criteria detailed.

B BAND (60 - 69%)

A very good level of evidence was demonstrated in the criteria detailed.

C BAND (50 - 59%)

A good level of evidence was demonstrated in the criteria detailed.

D/E BAND (40 – 49%)

An acceptable level of evidence was demonstrated in the criteria detailed.

F BAND (35 - 39%)

A limited level of evidence was demonstrated in the criteria detailed. Patient safety was an issue as appropriate.

F- BAND (<35%)

Poor ability was demonstrated in the criteria detailed. The work constitutes a poor treatment of the set assignment. Patient safety was an issue as appropriate.

These criteria are applied in the context of the requirements of Intermediate level study, which are indicated by the statement from the Quality Assurance Agency for Higher Education below:

Intermediate level

Holders of qualifications at this level will have developed a sound understanding of the principles in their field of study, and will have learned to apply those principles more widely. Through this, they will have learned to evaluate the appropriateness of different approaches to solving problems.

They will have the qualities necessary for employment in situations requiring the exercise of personal responsibility and decision-making. (QAA, 2001).

Reference

Quality Assurance Agency for Higher Education (2001). The Framework for Higher Education Qualifications in England, Wales and Northern Ireland, QAA.

General criteria for marking assignments: Level H

Criteria

Comprehensive (in terms of depth and breadth) knowledge base was demonstrated in the appropriate subject areas

Discrimination of content

Critical analysis and evaluation of evidence, arguments, and assumptions

Use of research findings in a critical and evaluative way

Problem solving

Synthesis of ideas to develop coherent, justified and safe conclusions

Degree of research with evidence of wide reading as appropriate

Communication of ideas, with integration of theory and practice

Use of referencing

Accuracy and precision of handling skills was demonstrated as appropriate

A+ BAND (80-100%)

An outstanding ability was demonstrated in the criteria detailed. The work constitutes an excellent treatment of the set assignment.

A BAND (70 – 79%)

An excellent level of evidence was demonstrated in the criteria detailed.

B BAND (60 – 69%)

A very good level of evidence was demonstrated in the criteria detailed.

C BAND (50 - 59%)

A good level of evidence was demonstrated in the criteria detailed.

D/E BAND (40 – 49%)

An acceptable level of evidence was demonstrated in the criteria detailed.

F BAND (35 - 39%)

A limited level of evidence was demonstrated in the criteria detailed. Patient safety was an issue as appropriate.

F- BAND (<35%)

Poor ability was demonstrated in the criteria detailed. The work constitutes a poor treatment of the set assignment. Patient safety was an issue as appropriate.

These criteria are applied in the context of the requirements of MSc (Prereg)Honours level study, which are indicated by the statement from the Quality Assurance Agency for Higher Education below:

MSc (Pre-reg)Honours level

An Honours graduate will have developed an understanding of a complex body of knowledge, some of it at the boundaries of an academic discipline. Through this, the graduate will have developed analytical techniques and problem solving skills that can be applied in many types of employment. The graduate will be able to evaluate evidence, arguments and assumptions, to reach sound judgements, and to communicate effectively.

An Honours graduate should have the qualities needed for employment in situations requiring the exercise of personal responsibility, and decision-making in complex and unpredictable circumstances (QAA, 2001).

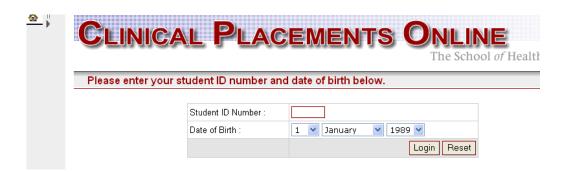
Reference

Quality Assurance Agency for Higher Education (2001). The Framework for Higher Education Qualifications in England, Wales and Northern Ireland, QAA.

Appendix 18 – Practice Placement Evaluation

http://mymds.bham.ac.uk/portal/clinical/StudentAccessArea

Enter student ID number and date of birth in to the boxes and click the login button.



A reminder screen is presented for any incomplete evaluation questionnaire reminding students that these are outstanding

To fill in any outstanding evaluations click the 'Fill In Evaluation' link next to the placement in question. You do not have to complete any missing questionnaires in order to see a full list of your placements. To proceed to your full list of placements, click the button at the bottom of the screen.



The main screen shown below, lists all of your placements as well as any placements that you are currently on or are due to go on within the next 6 weeks in respect of

Physiotherapy Courses. The placements are listed in reverse date order so your most current placement will be at the bottom of the list. To complete an evaluation, click the 'Fill In Evaluation' link next to the appropriate placement details.

CLINICAL PLACEMENTS ONLINE

The School of Health Sciences

Your Clinical Placement Details -

Placement History

Listed below are your details of your Clinical Placement history. Could you please ensure that you fill in the Clinical Placement Evaluation Questionnaire for each placement by clicking the 'Fill in Evaluation' link below. These evaluation questionnaires are completely anonymous and no information about yourself is recorded with any comments made. You responses are a valuable means of improving the Clinical Placement experience for future students.

You will also need to complete a Placement Profile Form for each of your placements by following the 'Fill in Profile' link below.

NB. Only placements that commence with 6 weeks will be shown below.

Hospital Name	Work Area Title	Placement Dates	Questionnaire Status	Profile Form	
	Elderly - Health Care	09/05/2005 - 03/06/2005	Fill In Evaluation	Fill in Profile	[details]
	Musculoskeletal – Domiciliary/Adult Rehabilitation/Outpatients	13/02/2006 - 31/03/2006	Fill In Evaluation	Profile Complete	[details]
	Orthopaedic - Elderly Inpatients	25/04/2006 - 02/06/2006	Fill In Evaluation	Fill in Profile	[details]
	Adult Musculoskeletal - Community	05/06/2006 - 15/07/2006	Fill In Evaluation	Profile Complete	[details]
	Liver Unit	06/11/2006 15/12/2006	Fill In Evaluation	Fill in Profile	[details]
	Stroke Rehabilitation Unit	08/01/2007 - 16/02/2007	Incomplete	Fill in Profile	[details]

If you experience any technical difficulties, please contact Dr. Mike Parry

To complete the questionnaire, simply click in the 'circles' to indicate your preferences. At the end of the survey are 4 'free-text' boxes for you to highlight any particular issues. Once you have entered all of your data, click the 'Submit Evaluation Questionnaire' button to save your responses. If you do not click this button your data will not be saved.

CLINICAL PLACEMENTS ONLINE

The School of Health Sciences

Clinical Placement Evaluation Questionnaire

Evaluation Questionnaire for

- Liver Unit

			Strongly Disagree	Disagree	No opinion	Agree	Strongly Agree
1)	I was provided with sufficient information	about the placement	0	0	•	0	0
2)	I felt adequately prepared for the placem	nent in terms of theory	0	0	•	0	0
3)	I felt adequately prepared for the placem	nent in terms of clinical skills	0	0	•	0	0
	Please indicate any changes that you would like to see made that would improve this placement. In particular, please make reference to any statements above that you have rated negatively? 24) Any further comments relating to the placement						\ \ \ \
	Return to Placement List			ubmit Eva	luation Qu	estionnai	re

Appendix 19 - Supporting Students with Disabilities

http://www.birmingham.ac.uk/schools/sport-exercise/clinicalphysio/support/disability.aspx or https://intranet.birmingham.ac.uk/as/studentservices/disability/index.aspx

Our aim for all students is to help them achieve their full potential whilst they are studying at the University of Birmingham. This encompasses their time spent in the University and on clinical/work placements. A student may disclose a disability, specific learning needs and support needed before they start at the University or once they have commenced their programme of study.

Disclosure can be made at any time and to any member of staff (e.g. clinical or academic) but we encourage students to disclose to their Personal Tutor and at their first tutorial meeting. If students decide not to disclose it is important that the implications of this are understood: support cannot be offered and adjustments, which might assist the student to demonstrate their fitness to practice, cannot be put in place if the student does not make their situation known

The School works very closely with the University's 'Disability, Learning Support, Counselling and Guidance Services', to put adjustments in place and support the student. Learning Co-ordinators and the Disability Co-ordinator (based in the above central University service) will liaise with Personal Tutors and other academic staff as necessary, to provide extra support for students with disabilities, if needed.

Chart 1 shows the usual system to provide support for students within the University academic environment.

It can be seen from this that when students have disclosed a disability and adjustments or specific support are needed on placement, the Personal Tutor and/or Welfare Tutor will liaise with the Lead Clinical Tutor regarding information for clinical staff and preparing the student for clinical practice.

This may necessitate a pre-placement visit, involving the student, Clinical Tutor and/or Personal Tutor and Practice Educator, to ascertain the needs of the placement and the student, and consider strategies for helping with these adjustments.

If a pre-placement visit has not been necessary, for example because minor or no adjustments need to be made, the student is encouraged to disclose information about their disability to their Practice Educator on their induction into the placement. Where relevant, this could be when discussing their Learning Contract with the Practice Educator.

Chart 2 shows the system for supporting students whilst on placement. The central route (1) shows the system for the process outlined above, that is, when the student has already disclosed a disability and identified needs prior to going on placement. Practice Educators may be placed in the position of the student disclosing something to them which they have felt unable to disclose whilst in University (route 2) or it becomes clear whilst a student is on placement that there are issues which have not been picked up or identified previously (route 3). This flow chart identifies who the Practice Educator should contact and what action they should take.

Frequently Asked Questions -

What should I do if I suspect a student has a specific learning need, such as dyslexia?

Your first port of call should be to discuss it with the student and/or visiting Clinical Tutor with the student's permission. It may be that the student has disclosed a disability whilst in University and agreed to full disclosure but just did not think they needed to repeat it again on placement. If the Clinical Tutor is unsure they will come back to the University and discuss it with the student's Personal Tutor and/or Welfare Tutor on your behalf. The attached flow chart shows the process this should take.

What should I do if a student has disclosed a disability to me, adjustments and support has been put in place, but the student is just not coping?

Arrange a meeting with the student and the visiting Clinical Tutor to discuss this. It may be that other suggestions can be made at that stage to alter adjustments and support. The Clinical Tutor can liaise with the student's Personal Tutor and Student Support Services in the University, to arrange for further assessment if needed. If no further adjustments can reasonably be made, the student should be assessed on the appropriate marking criteria, with the adjustments as they stand.

What should I do if a student discloses a disability to me but says s/he doesn't want the University to know?

All Personal Tutors discuss disclosure with their tutees and all students are given the opportunity to disclose. We emphasise that disclosure means that any necessary adjustments and support can be put in place and so facilitate the student's success on the programme. We cannot force a student to disclose a disability but if non-disclosure means that health and safety might be affected (for example because all adjustments required cannot reasonably be put in place), we investigate to see whether it warrants referral into fitness to practise processes. Therefore, if you feel the non-disclosure affects health and safety, you are at liberty to pass this information on to the visiting Clinical Tutor. Discuss this with the student first, it may be they have just not seen it from that perspective.

If a student has a support worker to assist with adjustments, what can I expect the support worker to do?

The support worker is there to facilitate the student's progress through the Practice Placement. They should assist the student to carry out skills and activities. The role of the support worker will vary from student to student, it is therefore important that there activities are clearly identified and documented during and after the pre placement visit.

Whose responsibility is it to disclose a disability or learning need?

It is the student's responsibility to disclose. Staff are only able to pass information regarding a student's disability or learning needs onto someone else, with the student's permission. The only exception to this would be as identified above, where health and safety might be affected.

<u>Chart 1 – Showing the System to Provide Support Within the University Environment</u> for Students With Disabilities

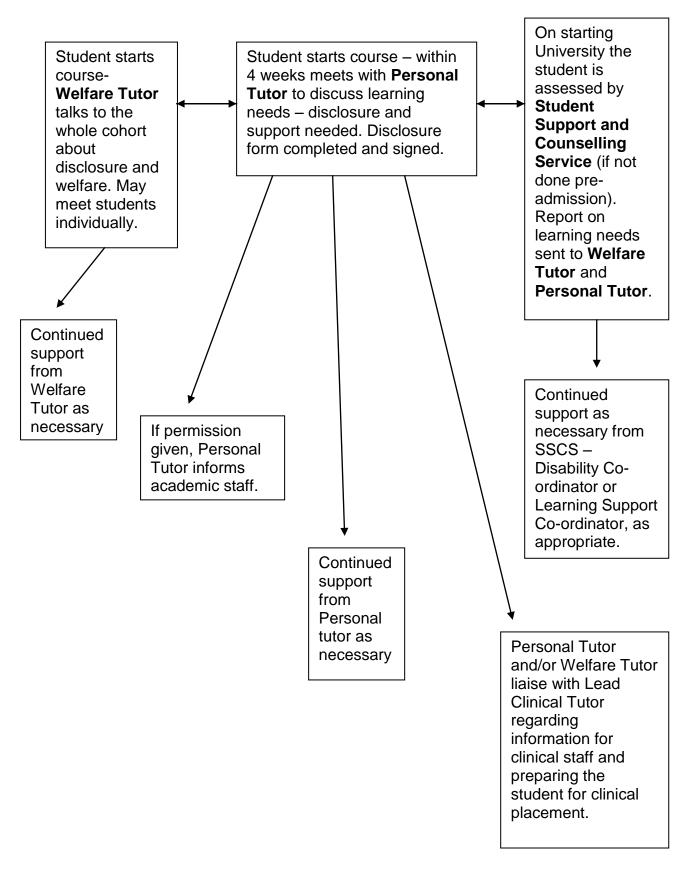


Chart 2 - Showing the System to Provide Support Whilst on Practice Placement for Students With Disabilities

