

BSc Physiotherapy

Practice Placement Assessment Form – Marking Guide

Year 2 Students

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Practice Placement Assessment Form (PPAF) Marking Guide – Dimension Descriptors

Dimension	Description
COMMUNICATION	This Dimension looks at the strengths of a student's communication skills; their ability to work as part of a team, how they might respond to potential barriers to communication and also their record keeping ability.
PERSONAL & PEOPLE DEVELOPMENT	This Dimension evaluates the student's ability to take responsibility for their own personal development, demonstrate effective use of reflection and keep up to date records of their learning experiences.
PROFESSIONALISM	Does the student conduct themselves in a professional manner throughout the placement period?
HEALTH, SAFETY & SECURITY	Here we look at the student's awareness of Health and Safety and their ability to work in a way that minimises potential risks in this area.
EQUALITY & DIVERSITY	This dimension evaluates the student's ability to act in ways that acknowledge and recognise people's expressed beliefs, preferences and choices and to respect diversity and value people as individuals.
QUALITY	The ability of the student to; utilize appropriate clinical reasoning and to prioritize and organize their own workload in order promote and maintain quality service provision.
ASSESSMENT & TREATMENT PLANNING	This Dimension evaluates the student's knowledge of Anatomy and Physiology and to their ability to extract and analyse information efficiently during the assessment process, to plan appropriate treatment and to set realistic SMART goals in response to the assessment findings.
INTERVENTIONS & TREATMENTS	This Dimension looks at the student's knowledge of treatment precautions/contraindications and also their level of practical skill in terms of patient/therapist positioning and treatment intervention.

Practice Placement Assessment Form (PPAF) Guide

Overview of the Paperwork

- 1) The student will bring a copy of the assessment form & marking guide with them to placement.
(NB – the marking guide can also be downloaded from our website: www.clinicalphysio.bham.ac.uk)
- 2) At the $\frac{1}{2}$ way point of the placement the educator should meet with the student to work through the marking guide (in rough, using pencil). This provides the student with a useful estimate of their performance up to that point. The educator may choose to provide provisional grades for any or all appropriate assessment areas at $\frac{1}{2}$ way but we advise against giving provisional percentage marks.
- 3) At the end of the placement the educator will work through the marking guide for the final time and complete the practice placement assessment form before meeting with the student to discuss their overall performance, marks and grades. During this meeting the educator will give the student both the marking guide (for their portfolio) and their assessment form which they will have placed in an envelope before signing across the seal.

How to use this guide:

- 1) First, for each element of the marking dimension (in this example we are looking at communication) please circle the box you feel contains the description that most accurately describes the student's performance in this area (see below).
- 2) Next, please add up the marking guide score for the areas circled. The scores are situated at the top of each column (In our example here, our student has a 5, a 4 and a 3 giving us a total score of 12).

Practice Placement Assessment Form (PPAF) Marking Guide PPAF marking guide to be used alongside general marking criteria. NB The descriptors given are examples only and not inclusive					
COMMUNICATION	Excellent 5	Very good 4	Good 3	Below Average 2	Limited/Poor 1
Communicates with a range of people on a range of <u>matters</u> in a form that is appropriate to them and the situation	Able to communicate effectively in a variety of situations to a high level.	Able to communicate effectively in a variety of situations with minimal support.	Able to communicate effectively in most situations with support and guidance.	Limited demonstration of empathy or listening skills	Limited demonstration of empathy or listening skills Repeated evidence of poor or inappropriate communication skills.
Improves the effectiveness of communication through the use of <u>communication skills</u>	Excellent ability to work as part of MDT, with sound understanding of the different roles and how they interact.	Able to work as an effective part of MDT, displaying an understanding of the different roles and how they interact.	Able to work as an effective part of MDT with guidance. Some understanding of the different roles and how they interact.	Poor communication skills displayed within the group setting.	Poor communication skills displayed within the group setting. Substandard contribution to MDT. Evidence of unreliability.
Communicates in a manner that is consistent with relevant <u>legislation, policies and procedures</u>	Able to communicate effectively in a variety of situations with minimal support when in difficult situations or under pressure.	Able to communicate effectively when in difficult situations or under pressure with some support.	Attempts to communicate effectively when in difficult situations or under pressure with support and guidance	Limited ability to communicate effectively when in difficult situations or under pressure. Requires support and guidance.	Frequent display of poor/ineffective communication skills when faced with difficult situations or when under pressure.
Constructively manages barriers to effective communication	Excellent note keeping skills observing all national and local standards. Very little support needed.	Very good record keeping within appropriate time with minimal support.	Good standard of record keeping. However notes may lack brevity. Requires guidance.	Acceptable level achieved with some improvement required. Continued guidance needed.	Poor record keeping; incomplete information, timing issues, procedural issues Fails to reach legal standard
Keeps accurate and complete records consistent with <u>legislation, policies and procedures</u>					
Year 2 - A+: 15 / A: 14-13 / B: 12-10 / C: 9-8 / D/E: 7-5 / F: 4-3					
A+ (80-100%) A (70-79%) B (60-69%) C (50-59%) D/E (40-49%) F (35-39%) F- (<35%)					
MARKING GUIDE TABLE					
Grade = B					
Mark = 68 %					

- 3) The marking guide table will help you turn the score into an appropriate grade. In this example our score of 12 equates to a B. The grade is entered [here](#).
- 4) The marking guide table also contains the University's banding structure which will help you to decide upon a suitable percentage mark. The assessment has been deliberately set up so that you are able to use your experience and judgement in this area in order to arrive at the overall mark for each section. So for instance in our example our student has a B grade, therefore you may choose a percentage mark between 60 and 69% (inclusive). You may also use the marking guide score to help you (for example a score of 12 may indicate a high B whereas a score of 10 may indicate a low B) but you are not obliged to do so. The percentage mark is entered in the box below the grade.

5) The following areas; 'Health, Safety & Security' and 'Equality & Diversity' are both Pass/Fail sections.
 Simply circle the box you feel contains the description that most accurately describes the student's performance during the placement.

Health, Safety & Security			
PASS	NEEDS ATTENTION*	FAIL	
<p style="text-align: center;">TICK</p> <ul style="list-style-type: none"> • Works within scope of practice <input type="checkbox"/> • Works to minimise risks to health, safety and security of patients <input type="checkbox"/> • Works to minimise risks to health, safety and security of staff/self <input type="checkbox"/> • Reports Health & Safety issues where appropriate <input type="checkbox"/> <p>For students meeting satisfactory levels within this section please circle 'Pass' next to 'Health, Safety & Security' on the back of the assessment form</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Failure of this section would occur if the student CONSISTENTLY displays poor levels of performance in one or more of the areas listed, despite being given the opportunity to make improvements.</p> <p>A student failing the Health, Safety & Security section fails the placement as a whole.</p> <p>If you identify poor levels of safety in your student please contact your clinical visitor at the earliest opportunity who will arrange a visit to offer support.</p>	<p>In the event of a failure in this section circle the 'Fail' box next to 'Health, Safety & Security' on the back of the assessment form, fill in all other marks in the usual way. Write 'Safety Fail' across the final mark box on the front of the assessment form.</p>

6) Tick all satisfactory elements here, Tick here if some elements of this section require improvement/attention prior to further clinical placements

7) At the end of the marking guide section there are some instructions to help you fill in the assessment form.

COMMUNICATION	Comments	Excellent	Very good	Good	Acceptable	Limited/Poor
		5	4	3	2	1
Communicates with a range of people on a range of matters in a form that is appropriate to them and the situation		Able to communicate effectively in a variety of situations to a high level.	Able to communicate effectively in a variety of situations with minimal support.	Able to communicate effectively in most situations with support and guidance.	Limited demonstration of empathy or listening skills	Limited demonstration of empathy or listening skills Repeated evidence of poor or inappropriate communication skills.
Improves the effectiveness of communication through the use of <u>communication skills</u>		Excellent ability to work as part of MDT, with sound understanding of the different roles and how they interact.	Able to work as an effective part of MDT, displaying an understanding of the different roles and how they interact.	Able to work as an effective part of MDT with guidance. Some understanding of the different roles and how they interact.	Poor communication skills displayed within the group setting.	Poor communication skills displayed within the group setting. Substandard contribution to MDT. Evidence of unreliability.
Communicates in a manner that is consistent with relevant <u>legislation, policies and procedures</u>						
Constructively <u>manages barriers</u> to effective communication		Able to communicate effectively in a variety of situations with minimal support when in difficult situations or under pressure.	Able to communicate effectively when in difficult situations or under pressure with some support.	Attempts to communicate effectively when in difficult situations or under pressure with support and guidance	Limited ability to communicate effectively when in difficult situations or under pressure. Requires support and guidance.	Frequent display of poor/ineffective communication skills when faced with difficult situations or when under pressure.
Keeps accurate and complete records consistent with <u>legislation, policies and procedures</u>		Excellent note keeping skills observing all national and local standards. Very little support needed.	Very good record keeping within appropriate time with minimal support.	Good standard of record keeping. However notes may lack brevity. Requires guidance.	Acceptable level achieved with some improvement required. Continued guidance needed.	Poor record keeping; incomplete information, timing issues, procedural issues Fails to reach legal standard

Year 2 - A+: 15 / A: 14-13 / B: 12-10 / C: 9-8 / D/E: 7-5 / F: 4-3

A+ (80-100%) A (70-79%) B (60-69%) C (50-59%) D/E (40-49%) F (35-39%) F- (<35%)

MARKING GUIDE TABLE

Grade =

Mark =

PERSONAL & PEOPLE DEVELOPMENT	Comments	Excellent	Very good	Good	Acceptable	Limited/Poor
		5	4	3	2	1
Demonstrates awareness of how s/he is applying knowledge and skills in relation to expected level of performance. Takes responsibility for own <u>personal development</u> and takes an active part in learning opportunities.		Demonstrates a strong drive to take responsibility for own development. Consistently strives to make the most of learning opportunities presented. Pro-active in seeking out new learning opportunities and utilizes them to advance practice.	Able to analyse learning needs realistically with some help from a facilitator. Can translate learning needs into planned outcomes which facilitate advancement of practice. Able to identify and utilize appropriate learning resources to aid in achievement of learning outcomes.	Able to analyse learning needs realistically with significant help of a facilitator. Can translate learning needs into planned outcomes with prompting and guidance. Needs some help initially to identify and utilize appropriate learning resources.	Able to analyse learning needs realistically with significant help of a facilitator. Can translate learning needs into planned outcomes with significant help of a facilitator. Needs help to identify and utilize appropriate learning resources.	Lacks insight into personal learning needs. Dependent in the face of responsibility for learning. Lacks zeal in achieving learning outcomes. Lacks insight into personal learning needs.
Demonstrates effective use of reflection, keeps up to date records of own learning experiences		Excellent reflective ability leading to the implementation of robust strategies to improve future clinical performance with minimal guidance. Takes time to record learning experiences thoroughly and systematically and largely independently.	Takes time to reflect on learning experiences in order to evaluate planned outcomes and monitor achievement of clinical objectives. Demonstrates clinical reflection. Takes time to record learning experiences systematically. Needs little input.	Takes time to reflect on learning experiences in order to evaluate planned outcomes and monitor achievement of clinical objectives. Demonstrates clinical reflection. Needs some prompting but can record learning experiences systematically.	Needs prompting to reflect on learning experiences, in order to evaluate planned outcomes and monitor achievement of clinical objectives. Demonstrates some clinical reflection. Needs prompting but can record learning experiences systematically.	Approach to reflection is perfunctory and lacking in commitment. Finds it difficult to deal with feedback and to use it to refine own practice. No attempt to record learning experiences.

Year 2 - A+: 10 / A: 9 / B: 8-7 / C: 6 / D/E: 5-3 / F: 2

A+ (80-100%) A (70-79%) B (60-69%) C (50-59%) D/E (40-49%) F (35-39%) F- (<35%)

MARKING GUIDE TABLE

Grade =

Mark =

Professionalism

PASS	NEEDS ATTENTION*	FAIL
<p>TICK</p> <ul style="list-style-type: none"> • Displays enthusiasm & willingness to learn • Has an appropriate attitude to work • Has an appropriate manner with patients • Has an appropriate manner with staff • Ability to deal with constructive criticism • Suitable attendance and timekeeping[#] • Maintains patient confidentiality at all times • Maintains a professional appearance • Recognises professional boundaries • Respects patient privacy at all times <p>For students meeting satisfactory levels within this section please circle 'Pass' next to 'Professionalism' on the back of the assessment form</p>	<p>NEEDS ATTENTION*</p> <p>Failure of this section would occur if the student CONSISTENTLY displays poor levels of performance in one or more of the areas listed, despite being given the opportunity to make improvements.</p> <p>A student failing the Professionalism section fails the placement as a whole.</p> <p>If you identify poor levels of professionalism in your student please contact your clinical visitor at the earliest opportunity who will arrange a visit to offer support.</p> <p>In the event of a failure in this section circle the 'Fail' box next to 'Professionalism' on the back of the assessment form, fill in all other marks in the usual way. Write 'Professionalism Fail' across the final mark box on the front of the assessment form.</p>	

*Marking one of these areas with a tick will flag-up to the clinical team that aspects of professionalism will need to be addressed prior to future practice placements. The student will meet with their clinical visitor at the University to formulate an improvement plan and will be followed up to ensure the adjustments have been made. If you have any questions regarding the process please contact the clinical visitor for your area.

As agreed with educator at the start of the placement.

Health, Safety & Security

PASS	NEEDS ATTENTION*	FAIL
<ul style="list-style-type: none">• Works within scope of practice• Works to minimise risks to health, safety and security of patients• Works to minimise risks to health, safety and security of staff/self• Reports Health & Safety issues where appropriate <p>For students meeting satisfactory levels within this section please circle 'Pass' next to 'Health, Safety & Security' on the back of the assessment form</p>	<p>TICK</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Failure of this section would occur if the student CONSISTENTLY displays poor levels of performance in one or more of the areas listed, despite being given the opportunity to make improvements.</p> <p>A student failing the Health, Safety & Security section fails the placement as a whole.</p> <p>If you identify poor levels of safety in your student please contact your clinical visitor at the earliest opportunity who will arrange a visit to offer support.</p> <p>In the event of a failure in this section circle the 'Fail' box next to 'Health, Safety & Security' on the back of the assessment form, fill in all other marks in the usual way.</p> <p>Write 'Safety Fail' across the final mark box on the front of the assessment form.</p>

*Marking one of these areas with a tick will flag-up to the clinical team that aspects of Health, Safety or Security will need to be addressed prior to future practice placements. The student will meet with their clinical visitor at the University to formulate an improvement plan and will be followed up to ensure the adjustments have been made. If you have any questions regarding the process please contact the clinical visitor for your area.

Equality & Diversity

PASS	NEEDS ATTENTION*	FAIL
<p>TICK</p> <ul style="list-style-type: none">• Recognises the importance of people's rights• Acts in ways that acknowledge an individual's beliefs• Acts in ways to respect personal preferences• Acts in ways to respect diversity <p>For students meeting satisfactory levels within this section please circle 'Pass' next to 'Equality & Diversity' on the back of the assessment form.</p>	<p>NEEDS ATTENTION*</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Failure of this section would occur if the student CONSISTENTLY displays poor levels of performance in one or more of the areas listed, despite being given the opportunity to turn make improvements.</p> <p>A student failing the Equality & Diversity section fails the placement as a whole.</p> <p>If you identify poor levels of performance in your student please contact your clinical visitor at the earliest opportunity who will arrange a visit to offer support.</p> <p>In the event of a failure in this section circle the 'Fail' box next to 'Equality & Diversity' on the back of the assessment form, fill in all other marks in the usual way. Write 'Equality Fail' across the final mark box on the front of the assessment form.</p>

*Marking one of these areas with a tick will flag-up to the clinical team that aspects of Equality & Diversity will need to be addressed prior to future practice placements. The student will meet with their clinical visitor at the University to formulate an improvement plan and will be followed up to ensure the adjustments have been made. If you have any questions regarding the process please contact the clinical visitor for your area.

QUALITY	Comments	Excellent	Very good	Good	Acceptable	Limited/Poor
		5	4	3	2	1
Utilizes appropriate clinical reasoning skills in order to select and justify optimal patient management strategies.		Consistent excellent demonstration of the use of appropriate clinical reasoning. Able to justify clinical decision-making displaying a high degree of independence.	Very good demonstration of the use of appropriate clinical reasoning. Able to justify clinical decision-making with help.	Some demonstration of the use of appropriate clinical reasoning. Able to justify clinical decision-making with help.	Intermittent demonstration of the use of appropriate clinical reasoning. Requires considerable support and guidance throughout.	Little or no demonstration of the use of appropriate clinical reasoning. No linkage between theory, reasoning and management with resultant quality issues
Prioritizes own workload and organizes own work to meet these priorities and reduce risks to quality.		Independently identifies and manages workload/resources. Displays the ability to adjust to the needs of the immediate team. Excellent prioritisation skills. Ensures consistently high quality service delivery.	Adept at managing workload/resources. Minimal guidance needed.	Manages workload/resources with some guidance.	Able to manage workload/resources but requires considerable guidance. Requires guidance & support to effectively prioritise.	Unaware of own workload/resources or aware but unable to manage with support. Inability to effectively prioritise with resultant quality issues.

Year 2 · A+: 10 / A: 9 / B: 8-7 / C: 6 / D/E: 5-3 / F: 2

A+ (80-100%) A (70-79%) B (60-69%) C (50-59%) D/E (40-49%) F (35-39%) F- (<35%)

MARKING GUIDE TABLE

Grade =

Mark =

Practice Placement Assessment Form (PPAF) Marking Guide.
This PPAF marking guide is to be used alongside general marking criteria.
NB: The descriptors given are examples only and not inclusive.

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ASSESSMENT & TREATMENT PLANNING	Comments	Excellent	Very good	Good	Acceptable	Limited/poor
		5	4	3	2	1
Utilizes appropriate levels of anatomical, physiological and pathophysiological knowledge to underpin the assessment, planning and treatment processes during patient management.		Excellent knowledge levels in most areas. Displays ability to link theoretical knowledge to practice with minimal input.	Very good knowledge levels in most areas. Displays ability to link theoretical knowledge to practice with some guidance.	Good basic knowledge levels in most areas. Displays ability to link theoretical knowledge to practice with guidance.	Knowledge lacking in one or more areas. Minimal signs of improvement despite considerable educator input.	Knowledge levels unacceptable in one or more areas. Limited improvement despite considerable educator input.
Involves patient in shared decision making and obtains consent for the assessment to be undertaken.		Consistently obtains informed consent prior to intervention. Involves patient in all aspects of the decision making process.	Very good attempt at obtaining informed consent and shows good understanding of its importance. Minimal guidance needed. Attempts to involve patient in decision making process.	Obtains informed consent and shows good attempt at understanding importance of gaining such consent. Requires some guidance and prompting. Attempts to involve patient in decision making process.	Obtains patient consent, but does not always show understanding of its importance. Requires guidance and prompting. Little involvement of the patient in the decision making process.	Despite guidance is consistently unable to obtain patient consent and displays little understanding of its relevance or importance. No involvement of the patient in decision making.
Displays ability to extract the appropriate information from the Patient Interview/ Medical records/ Objective Assessment. Able to select and utilize appropriated assessment skills/tools. Able to conduct a thorough assessment with fluency over an appropriate length of time.		Collects data from Patient interview/Medical records/objective assessment with understanding selecting the most essential and relevant information. Consistently selects highly appropriate evaluation procedures. Carries out examinations smoothly and in a reasonable time.	Collects data from Patient interview/Medical records/objective assessment with understanding and selects essential and relevant information. Mostly selects appropriate evaluation procedures. Carries out most examinations smoothly in a reasonable time. Minimal guidance needed.	Collects data from Patient interview/Medical records/objective assessment with understanding and more often than not selects essential and relevant information with some guidance. Selects appropriate evaluation procedures with guidance. Carries out most examinations smoothly. Guidance needed.	Collects data from Patient interview/Medical records/objective assessment with understanding but does not always select essential and relevant information. Sometimes unable to select appropriate evaluation procedures independently and therefore requires significant guidance throughout. Examination sometimes protracted or lacking in fluency.	Consistently finds it difficult to identify important information from the patient interview/medical records/objective assessment. Evaluation procedures often not appropriate. Procedures are often protracted and lacking in precision.

Practice Placement Assessment Form (PPAF) Marking Guide.
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NB: The descriptors given are examples only and not inclusive.

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<p>Displays appropriate analytical skill during the assessment process.</p> <p>Shows awareness of the multifactorial nature of the clinical picture.</p> <p>Ability to differentiate between normal and abnormal assessment findings and be aware of the potential interaction between conditions.</p>		<p>Excellent analytical skills. Consistent ability to recognise and take account of the total clinical picture presented.</p> <p>Readily differentiates between normal and abnormal and recognises when co-existing conditions may be influencing a patients primary problem.</p>	<p>Analysis of patient's problems shows ability to recognise and take account of the total clinical picture in non-complex cases with minimal guidance.</p> <p>Readily differentiates between normal and abnormal and recognises when co-existing conditions may be influencing a patients primary problem.</p>	<p>Analysis of patient's problems shows ability to recognise and take account of the total clinical picture in fairly most cases but requires some guidance.</p> <p>Differentiates between normal and abnormal and more often than not recognises when co-existing conditions may be influencing a patients primary problem.</p>	<p>Requires significant guidance and supervision in order to recognise and take account of the total clinical picture presented.</p> <p>May differentiate between normal and abnormal (with guidance) and may occasionally recognise when co-existing conditions may be influencing a patients primary problem.</p>	<p>Is unable to 'see the wood for the trees'.</p> <p>Conclusions betray a blinkered, one-dimensional approach.</p> <p>Confused attempts to separate normal from abnormal and consistently fails to take account of co-existing conditions.</p>
<p>Displays ability to plan appropriate treatment and set realistic SMART goals taking into account the assessment findings.</p>		<p>Excellent ability to relate planned treatment goals to the assessment findings.</p> <p>Consistently develops highly appropriate SMART objectives using a range of resources.</p>	<p>Ability to relate planned treatment goals to the assessment findings.</p> <p>Able to develop SMART objectives using a range of resources with minimal guidance.</p>	<p>Ability to relate planned treatment goals to the assessment findings with some guidance.</p> <p>Able to develop SMART objectives but requires some guidance on content and resource usage.</p>	<p>Requires prompting and guidance throughout placement in order to plan appropriate treatment goals.</p> <p>Requires continued significant assistance when developing SMART objectives.</p>	<p>Consistent unrealistic or inappropriate treatment planning or lack of treatment plan.</p> <p>Inability to set SMART treatment outcomes.</p>

Year 2 - A+: 25 / A: 24-22 / B: 21-17 / C: 16-13 / D/E: 12-9 / F: 8-5

A+ (80-100%) A (70-79%) B (60-69%) C (50-59%) D/E (40-49%) F (35-39%) F- (<35%)

MARKING GUIDE TABLE

Grade =

Mark =

Practice Placement Assessment Form (PPAF) Marking Guide.
This PPAF marking guide is to be used alongside general marking criteria.
NB: The descriptors given are examples only and not inclusive.

Page: 15

INTERVENTIONS & TREATMENTS	Comments	Excellent	Very good	Good	Acceptable	Limited/poor
		5	4	3	2	1
Identifies any specific precautions or contraindications to the proposed interventions/treatments and takes the appropriate action. Considers all relevant safety factors during an intervention.		Excellent knowledge of relevant precautions & contraindications. Highly safety conscious.	Sound knowledge of relevant precautions & Contraindications. Safety conscious.	Good knowledge of relevant precautions & contraindications.	Acceptable knowledge of relevant precautions & contraindications. Requires guidance and supervision when administering treatments. May require prompting in order to remain conscious of safety factors.	Poor knowledge of relevant precautions & contraindications. Potentially unsafe practice demonstrated. (See – Health Safety & Security)
During the Treatment/Intervention process: Aware of the importance of patient/therapist comfort and positioning on the impact of Physiotherapeutic treatment. Able to position both the patient and themselves appropriately during treatment		Consistently ensures that patients are suitably clad, comfortable and optimally positioned during/following treatment. Consistently shows good Therapist positioning during treatment.	Ensures that patients are suitably clad, comfortable and optimally positioned during and following treatment. Displays good therapist positioning during most treatment sessions.	Ensures that patients are suitably clad, comfortable and optimally positioned during and following treatment. Displays good therapist positioning during treatment more often than not. May require guidance.	Requires prompting to ensure that patients are suitably clad, comfortable and optimally positioned during and following treatment. Requires continued considerable guidance in order to gain appropriate therapist positioning during treatment.	Failure to take account of patient's comfort level during treatment. Poor awareness of therapist positioning during treatment. Effectiveness of treatment techniques compromised by poor positioning skills.
During the Treatment/Intervention process: Delivers Intervention/Treatment with skill and care.		Carries out techniques with a high level of skill. Handling skills extremely precise and effective.	Carries out techniques with fluency, using effective handling skills. Minimal guidance needed.	Occasionally lacks fluency when carrying out techniques. Handling skills mostly precise and effective but requires guidance.	Sometimes lacks fluency when carrying out techniques. Handling skills sometimes imprecise. Requires considerable guidance.	Treatment techniques imprecise. Handling inaccurate/ineffectual despite repeated instruction.

Year 2 - A+: 15 / A: 14-13 / B: 12-10 / C: 9-8 / D/E: 7-5 / F: 4-3

A+ (80-100%) A (70-79%) B (60-69%) C (50-59%) D/E (40-49%) F (35-39%) F- (<35%)

MARKING GUIDE TABLE

Grade =
Mark = %

You should now have one percentage mark for each section (5 in total).

1) Write each grade & mark in the box alongside the appropriate section. In the three Pass / Fail sections circle the appropriate box.

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 utilize the comments area to provide positive and negative feedback regarding any/all of the assessment sections as you see fit.

	Grade	Mark	Comments
Communication	B	68%	
Personal & People Development	C	55%	
Professionalism	PASS	IMPROVE	FAIL
Health, Safety & Security	PASS	IMPROVE	FAIL
Equality & Diversity	PASS	IMPROVE	FAIL
Quality	B	61%	
Assessment & Treatment Planning	B	61%	
Interventions & Treatments	C	59%	
Practice Educator's Signature	Date		

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.

2) You may use this box to write any key positive and/or negative comments.

3) Then add all of the marks together and divide this total by 5 to work out the Final mark.

- Round **up** numbers with a .5 or higher to the nearest whole number (i.e. 68.6 would become 69)
- Round **down** numbers with a .4 or lower (i.e. 68.4 would become 68).
- In the example above: $68+55+61+61+59 = 304$, 304 divided by 5 = 60.8.
- This would be rounded up because of the .8, therefore the final mark here would be 61%.
- The final mark should be entered in the appropriate box on the front of the assessment form.
- Do not worry if you make a mistake here, as the mark will be double checked once the form has been handed in.

4) Sign and date where indicated

5) Ensure all sections on the front of the assessment form are completed by both yourself and Student. Double check that the final mark has been entered. Sign and Date where indicated.

BSc Physiotherapy Practice Placement Assessment Form (Year 2/3)						UNIVERSITY OF BIRMINGHAM
Instructions to Students: <p>1 One copy of this form is to be given to the Practice Educator at the beginning of each Practice Placement Module</p> <p>2 The form must be signed by both the practice educator(s) and student in the area indicated, placed in a sealed envelope with the educator's signature over the seal. Student's number, programme and year should be written on envelope</p> <p>NB It is the student's responsibility to submit this assessment form in the correct box in Reception, 52 Pritchatts Road, by 10am on the Friday following completion of the placement. Failure to return the form will be taken as non-attendance. Late submission will incur a penalty (please refer to the assessment regulations laid down in the programme handbook)</p>						
Part 1: To be completed by the Student						
Name: _____						
Placement Location: _____						
Experience Gained: _____						
Part 2: To be completed by the Practice Educator On completion of the assessment process						
Name: _____						
Has the student been involved in a recorded incident whilst on placement? YES / NO (delete as appropriate)						
Final Mark: 61 %						
Practice Educator's Signature: _____						
Date: _____						
PART 3: To be completed by Student following completion of Part 2 by the Practice Educator						
I have had the opportunity to discuss the contents of this assessment with my educator. I have completed/will complete the on-line Practice Placements Evaluation/Profile forms.						
Student's Signature: _____ Date: _____						
Practice Placement Time Sheet						
WEEK	HOURS					TOTAL
	Mon	Tues	Wed	Thurs	Fri	
1	7	7	4	7	7	32
2	7	7	4	7	7	32
3	7	7	4	7	7	32
4	7	7	4	7	7	32
5	7	7	4	7	7	32
6	7	7	4	7	7	32
Total Placement Hours = 192					192	
BH= Bank Holiday SL=Sick Leave CL=Compassionate Leave OL=Other Please record completed hours and note any public holidays or leave (Students expected to complete 32 hours per week)						

6) Ensure that you have initialled here to confirm the recorded hours for the placement are correct.

7) You should then place the completed assessment form in a sealed envelope, sign across the seal and hand to the student.

Many thanks for your help and cooperation.

What to do if you are concerned that your student is displaying unsafe practice.

If your student demonstrates unsafe practice:

- 1) **Prompt feedback in private** - As soon as possible after the incident take your student to a private area to discuss matters. Initially you should try to let the student analyse their action in order to work out what the issues are. If you feel that the student does not have a full understanding of the consequences of their actions you should explain to them, as clearly as possible, *exactly what* they have done wrong and *why* it was wrong so they are in no doubt as to the focus of the conversation. You may use the reflective practice form (on page 19) to help both you and the student analyse the situation and agree on the necessary course of action and, if appropriate, the time frame this action should take place in. Using this form in a non threatening way will help the student access deeper levels of learning and it may also be used in their portfolio as evidence of the progression of their clinical reasoning.
- 2) **Complete Reflective Practice form** – Once you are happy with the analysis of the incident try to let the student come up with a plan of action points. These are the points that they will implement in order to make the necessary changes in their practice and avoid a repeat of the safety incident. Obviously you are free to give guidance where you feel it is needed. By encouraging the student to create their own action plan you will; encourage a deeper level of learning, be able to check the students understanding of what you have discussed and importantly you may be able to end the discussion on a more positive note. A soon as possible after completing the form you will need to arrange a suitable time in the future (for example, the end of that week or at the $\frac{1}{2}$ way mark) to sit down with the student and review the progress of their action plan. Note: if, following the incident you are not happy with the performance of your student you should bring any planned review forwards to address issues as they arise.
- 3) **Contact the Clinical Tutor for your area** – Ideally this should be done soon after the completion of the reflective practice form. For minor incidents this would require no more than a brief e-mail outlining the incident and confirming that the form has been completed and an action plan agreed. If you wish to discuss the matter with your tutor personally please indicate this during your e-mail leaving your contact details at the end. The tutor will contact you as soon as possible after viewing the message. Alternatively please feel free to phone directly on the numbers provided below. For major incidents you may wish to contact the Tutor before agreeing an action plan with the student (or perhaps before you sit down to debrief the student). If so, please use the urgent contact details below. Clinical tutors will be in a position to advise on the safety policy within the School of Health and Population Sciences, they will also be more than willing to come to your place of work to offer support and guidance to both you and the student.

4) **Review Action Plan in private** – This is an opportunity for you and the student to evaluate their progress in terms of safe practice. Hopefully most issues will have been addressed and the rest of the placement will proceed without incident. However if a safety incident then occurs *following* the review, go back to start again at point 1 of this safety protocol by discussing the incident in private, and drawing up an additional reflective practice agreement and review date as before.

What to do if your student has not met their goals by the review

- First, contact your clinical tutor before the review to discuss the student's performance. Discussion with the Tutor will centre around the appropriate course of action based upon the performance of the student on the placement up to that point. The Tutor will offer to be present at the review (assuming a suitable meeting time can be agreed with all parties) to offer support to both you and the student.
- During the review the student should be clearly informed which areas they have been deficient in and why.
- The student will have an opportunity to discuss their performance (providing supporting evidence if they wish)
- A decision will be taken by you as the Educator in conjunction with the Clinical Tutor and conveyed in clear terms to the student. For example this may be a decision to:
 - Alter the goals/action plan and set a date for the next review.
 - Keep the same goals/action plan, giving the student more time to achieve these aims. However the student may be informed that failure to achieve the agreed goals by the date chosen may lead to failure of the placement on the grounds of safety.

Note: The above are only examples. As each situation will differ, decisions will be considered on a case by case basis.

- If by the end of the placement the student displays a:

“Consistent failure to practice safely within scope of practice with limited evidence of the ability of the student to recognize the pertinent issues and bring about the necessary changes in behaviour.”

PPAF Marking Guide (2008)

- They should fail the placement on the grounds of safety.
- In such a case, please complete the PPAF:
 - Work out all grades/marks and enter them on the form in the usual way, except for the final mark.
 - On the back of the form next to 'Health, Safety & Security' ensure you circle "FAIL".
 - On the front of the form do not enter a final mark in the box provided, instead write - "Safety Fail"
 - The form is returned to the School of Health & Population Sciences in the usual way.

Clinical Tutor – Contact Details

<p>Christina Anderson Lead Clinical Tutor in Physiotherapy School of Sport, Exercise and Rehabilitation Sciences Telephone +44 (0) 121 415 8613 Email c.b.anderson@bham.ac.uk</p> <p>Area - Central & Sandwell</p> <table> <tr> <td>SWBH</td> <td>BCH</td> <td>Acorns (Selly Oak +/- Walsall)</td> </tr> <tr> <td>Edward St/Heath Lane</td> <td>Sandwell PCRT</td> <td></td> </tr> <tr> <td>Sandwell Respiratory Care Team</td> <td></td> <td></td> </tr> <tr> <td>Sandwell Paediatrics</td> <td>Sandwell MSK</td> <td></td> </tr> </table>	SWBH	BCH	Acorns (Selly Oak +/- Walsall)	Edward St/Heath Lane	Sandwell PCRT		Sandwell Respiratory Care Team			Sandwell Paediatrics	Sandwell MSK		<p>Marianne Hensman Clinical Tutor in Physiotherapy School of Sport, Exercise and Rehabilitation Sciences Telephone +44 (0) 121 415 8591 Email m.y.hensman@bham.ac.uk</p> <p>Area - Central</p> <table> <tr> <td>West Mids Rehab Centre</td> <td>QE</td> <td>BSMHT</td> </tr> <tr> <td>Moseley Hall Hospital</td> <td>ROH</td> <td>Priory Hospital</td> </tr> <tr> <td>West Heath Hospital</td> <td></td> <td></td> </tr> </table>	West Mids Rehab Centre	QE	BSMHT	Moseley Hall Hospital	ROH	Priory Hospital	West Heath Hospital							
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<p>Paul Jepson Clinical Tutor in Physiotherapy School of Sport, Exercise and Rehabilitation Sciences Telephone +44 (0) 121 414 7583 Email p.d.jepson@bham.ac.uk</p> <p>Area - West and South</p> <table> <tr> <td>DGH – RHH, Corbett</td> <td>Brierley Hill</td> </tr> <tr> <td>Kidderminster</td> <td></td> </tr> <tr> <td>Stourbridge Private Practice</td> <td>Sunflower Centre</td> </tr> <tr> <td>Alexander Hospital, Redditch</td> <td>Evesham Hospital</td> </tr> <tr> <td>Worcester Royal</td> <td>Princess of Wales Hosp, Bromsgrove</td> </tr> <tr> <td>Other Worcester placements</td> <td>Droitwich</td> </tr> <tr> <td>Birmingham Community Paediatrics</td> <td></td> </tr> </table>	DGH – RHH, Corbett	Brierley Hill	Kidderminster		Stourbridge Private Practice	Sunflower Centre	Alexander Hospital, Redditch	Evesham Hospital	Worcester Royal	Princess of Wales Hosp, Bromsgrove	Other Worcester placements	Droitwich	Birmingham Community Paediatrics		<p>Lizzie Gibbens Clinical Tutor in Physiotherapy School of Sport, Exercise and Rehabilitation Sciences Telephone +44 (0) 121 414 2873 Email e.m.gibbens@bham.ac.uk</p> <p>Area - North and East</p> <table> <tr> <td>Heartlands</td> <td>Solihull & Solihull Single Point of Access</td> </tr> <tr> <td>Royal Star and Garter (Solihull)</td> <td>Balsall Common and associated clinics</td> </tr> <tr> <td>GHH</td> <td>Walsall Community</td> </tr> <tr> <td>West Park</td> <td>Wolverhampton Paediatrics</td> </tr> <tr> <td>Jaffray Centre</td> <td>Queens, Burton</td> </tr> <tr> <td>Birmingham Community Trust (Pain Service, MSK, Other)</td> <td></td> </tr> </table> <p>Norma Jones Physiotherapy Placements Administrator School of Sport, Exercise and Rehabilitation Sciences Telephone +44 (0) 121 414 3508 Email n.j.jones@bham.ac.uk</p>	Heartlands	Solihull & Solihull Single Point of Access	Royal Star and Garter (Solihull)	Balsall Common and associated clinics	GHH	Walsall Community	West Park	Wolverhampton Paediatrics	Jaffray Centre	Queens, Burton	Birmingham Community Trust (Pain Service, MSK, Other)	
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In order to access information about students coming to you on placement and other information held about your placement area we encourage you to use our clinical placements database. Please visit: <http://mymds.bham.ac.uk/Portal/Clinical/FacilitatorsAccessArea/login.asp?URL=/Portal/Clinical/FacilitatorsAccessArea/index.asp>

On entering your password you will be able to view:

- Offers you have made for forthcoming placements.
- Names of students coming to you on placement in the next six weeks.
- Student placement evaluations.
- Placement information held by the university and provided to students.
- Change your password and contact details.

If you do not have a password, please contact:

Norma Jones

Telephone [+44 \(0\)121 414 3508](tel:+44(0)1214143508)

Email n.j.jones@bham.ac.uk

If you require any changes to be made to your placement information please speak to Norma Jones, or contact the Clinical Tutor for your area.

REFLECTIVE PRACTICE FORM

Event Summary

What was done well?

What could have been done better?

What were the potential consequences of your actions?

REFLECTIVE PRACTICE FORM

Action Plan – What would you do differently in the future?

Support needed

<u>Action Plan – What would you do differently in the future?</u>	<u>Support needed</u>
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To be reviewed:.....

.....
Student - Signature

.....
Date

.....
Educator - Signature

.....
Date

Review of Action Plan (Summary)

<u>Review of Action Plan (Summary)</u>			
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.....
Student - Signature

.....
Date

.....
Educator - Signature

.....
Date