

Department of Rehabilitation Sciences

BSc (Hons) Physiotherapy MSc Physiotherapy (pre-registration)

Practice Education Handbook for Practice Educators and Students

Academic Year 2016-17

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Welcome

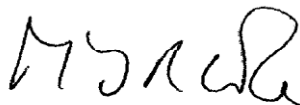
Dear Practice Educator and Students,

Practice education is a key part of both courses at Kingston, St George's, University of London. It gives students the opportunity to consolidate knowledge, apply theory and enhance skills. Practice education facilitates transitional learning and ensures that all students practice physiotherapy safely and competently.

Practice placements are often the highlight of a student's physiotherapy course and they are a shared responsibility between the University, the practice educator and the student. We ensure that each student has a balanced sequence of practice placements, representing a diverse range of settings in which they are likely to practise on qualification (Learning and development Principles for CSP Accreditation of Qualifying Programmes, CSP 2010).

Do not hesitate to contact us with any questions, comments or suggestions.

Yours Sincerely



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Practice Education Programme – BSc (Hons) and MSc

BSc (Hons) Physiotherapy

The practice based component of the course includes:

- Four half days on observational Peer-Assisted-Learning clinical practice visits (PAL Clinical) in Year 1
- 30 weeks of practice based placements.
 - Year 2: 3 five week placements (Levels 4 and 5)
 - Year 3: 3 five week placements (Level 6)
- A number of physiotherapy practice sessions in university.

Total: approximately 1000 hours of clinical practice.

MSc Physiotherapy

The clinical and practice based component includes:

- Two half days on observational Peer-Assisted-Learning clinical practice visits(PAL Clinical) in Year 1
- 30 weeks of practice based placements
 - 3 five week placements, Levels 4 and 5 in Year 2
 - 3 five week placements in Year 3, Level 6
- A number of physiotherapy practice sessions in university.

Total: approximately 1000 hours of clinical practice.

Full details of academic modules are available at:

<http://www.healthcare.ac.uk/schools/rehabilitation-sciences/practice-resources/>

What does the student know and when?

Clinical skills developed and assessed BEFORE the first clinical placement

<u>Module</u>	<u>Skills</u>
<p>Interprofessional Foundation Programme (BSc)</p> <p>Factor Influencing Professional Practice (BSc)</p> <p>Assessment, Structure and Function (BSc)</p> <p>Essentials of Physiotherapy (MSc)</p>	<ul style="list-style-type: none"> • Basic life support • Hand hygiene • BMI • Vital signs - temperature, pulse and respiration • Peak flow • Blood pressure • Urine and glucose testing • Glasgow Coma Scale (not tested) • Communication skills <ul style="list-style-type: none"> ○ Introduction and closing an interview ○ Informed consent ○ Verbal and no-verbal skills to facilitate communication • Surface anatomy palpation and location <ul style="list-style-type: none"> ○ Finding pulses – carotid, brachial, radial, femoral, posterior tibial, dorsalis pedis ○ Heart –location of valves and how to use stethoscope to hear values ○ Abdomen – surface anatomy of major organs (including bladder) ○ Using percussion to assess abdomen ○ Location of thyroid, hyoid, trachea ○ Cranial nerves (anatomy but not tests)
<p>Factor Influencing Professional Practice (BSc)</p> <p>Assessment, Structure and Function (BSc)</p> <p>Pathology, Health Promotion and Rehabilitation (BSc)</p> <p>Essentials of Physiotherapy (MSc)</p>	<p><u>Manual handling</u> (preliminary skills – students are assessed in university as ‘safe’)</p> <ul style="list-style-type: none"> • Legislation & risk assessment • Assisted patient manoeuvres (moving in bed, rising from bed/chair, walking) • Use of equipment (sliding sheets, transfer board, hoist, Rotastand) <p><u>Neuro-musculoskeletal</u></p> <p>Assessment and Examination Skills</p> <ul style="list-style-type: none"> • Outline of basis for subjective examination • Red flags • Observation of posture • Analysis of functional movement (e.g. gait, sit to stand, reach) • Assessment of balance / proprioception (key tasks) • MRC muscle testing major muscle groups (e.g. shoulder flexors) • Static Resisted testing major muscle groups (not individual muscles) • Muscle length tests (key muscles – gastrocnemius, rectus femoris, hamstrings, biceps brachii) • Palpation of bony landmarks and soft tissues. • AROM – spinal and peripheral • PROM – peripheral

- Goniometry
- Accessory movements – peripheral AP, PA and long caudad major joints (shoulder, elbow, wrist, hip, knee, talocrural)
- Spinal accessory – PA, unilateral PA introduction
- Reflex testing

Rehabilitation

- Communication skills - therapeutic relationship, Goal setting, empowerment
- Teaching therapeutic exercise – for strength, endurance, stretch, balance and ROM including using a variety of equipment / resources but with particular emphasis on what can be used for home.
- Active assisted exercise
- Electrotherapy modalities – Hot/Cold therapy, US, PSWD, Electrical Stimulation, TENS, Interferential
- Soft tissue techniques – massage and deep tendon frictions.

Neurology

Assessment and Examination Skills

- Observation of posture
- Analysis of functional movement (e.g. gait, sit to stand, reaching)
- Assessment of balance, standing and walking

Rehabilitation

- PNF
- Improvement of balance
- Re-education of functional tasks, using a task specific training approach, e.g. rising to stand, reaching to grasp
- Management of dizziness and vestibular dysfunction

Cardiorespiratory

Assessment and Examination Skills

- Auscultation and surface lung-heart and pleura marking
- Normal and added breath sounds
- Lung function tests –interpretation
- Lung volumes and capacities
- Arterial blood gases (basic principles and interpretation)
- Interpretation of investigations such as BP/HR/SaO₂
- Assessing correct use of meter dose inhalers
- Peak expiratory flow meters (PEF)
- Chest X-rays (basic principles)
- SOAP notes
- Field walking tests Complete respiratory assessment
- The oxygen dissociation curve and common oxygen delivery systems
- Assessment of dyspnoea
- Basic risk assessment in post-operative patients (in year 2, term 2)

Rehabilitation

- Breathing control and implications for work of breathing

	<ul style="list-style-type: none"> • Positioning for reducing WOB, V/Q mismatch, breathlessness • ACBT (and ACBT with percussion, vibrations, shaking, use of Cornet, Flutter and PEP) • Postural Drainage • Rehabilitation of amputees • Principles of mobilisation and exercise (such as effects on BP, HR, V/Q) • Basic considerations when treating patients with chest drain in situ • Pulmonary and Cardiac rehabilitation (year 2, term 2)
Integrating Clinical Concepts (BSc) Evaluation of Reflection in Rehabilitation (MSc)	<ul style="list-style-type: none"> • Exploring the psychological and social aspects of health including how aspects such as communication, relationship with patients and responses to rehabilitation influence outcomes • Introduction to clinical reasoning

Skills developed and assessed DURING Year 2 BSc and Year 1 MSc

<u>Module</u>	<u>Skills</u>
Management of Neuromusculoskeletal Dysfunction	<p><u>Neuro-musculoskeletal</u></p> <p>Assessment and Examination Skills</p> <ul style="list-style-type: none"> • Further development of Patient Screening for practice (Special questions, Red/ Yellow Flags, Cervical Artery, Neurology, Pathology) • Special tests – Specific Muscle and Ligament Stability tests • Neuro-dynamics – ULNT1, Slump and SLR • Passive Physiological Intervertebral Movements (PPIVMs) – Lumbar only <p>Rehabilitation</p> <ul style="list-style-type: none"> • Consideration of different approaches to musculoskeletal practice (e.g. Structure, Function, Myofascial, Neuro-dynamics, McKenzie) • Manual therapy skills <ul style="list-style-type: none"> ○ Joint physiological and accessory mobilisations, ○ Integrating techniques, e.g. PNF Hold Relax ○ Trigger points ○ NAG's, SNAG's, MWM's <p>Developed but not assessed</p> <ul style="list-style-type: none"> • Hydrotherapy (introduction to principles) • Combining movement • Core stability (lumbar spine) • Hands and plastics – specialist principles • Taping • Acupuncture (introduction to principles)
Management of Neurological Movement Dysfunction	<p><u>Neurology</u></p> <p>More emphasis is placed on the effects of pathology and rehabilitation strategies.</p>

	<p>Assessment and examination Effect of pathology on functional activities e.g. ataxia, tone etc Prevention of secondary complications Rehabilitation</p> <ul style="list-style-type: none"> • Self management strategies • Re-education of walking • Management of ataxia and low tone • Management of postural deformity and secondary problems following neurological disorders. • Management of Spasticity • Management of the upper limb following stroke, mobilisation and support of the shoulder • Physiotherapy role in dysphasia, dysarthria and swallowing problems • Use of lower limb orthoses
<p>Management of Complex Cardio-respiratory Dysfunction</p>	<p><u>Respiratory</u></p> <p>Assessment and Examination</p> <ul style="list-style-type: none"> • Detailed analysis of objective markers (e.g. blood gases, chest Xrays etc.) • ITU charts – how to read them and extract relevant information from them • Assessing multi-system failure • Assessment of fluid balance • Common lines • Assessing risk in post-operative patients. • Common ITU infusions and effects on respiratory system <p>Rehabilitation</p> <ul style="list-style-type: none"> • Manual inflation • Suctioning • Bronchial hygiene techniques in self ventilated patients • Modes of Ventilation in ITU • Weaning from mechanical ventilation • Oxygen Therapy • Tracheotomy care • Pulmonary rehabilitation • Non-invasive ventilation • Rehabilitation of complex medical patients • Ventilation/ perfusion and positioning in complex cases • Aspiration assessment and emergency response • Effect of different pathologies on the cardio-respiratory system • Detailed analysis of objective markers (e.g. blood gases)

Skills developed and assessed DURING Year 3 BSc and Year 2 MSc

<u>Speciality</u>	<u>Skills</u>
<u>Neuro-musculoskeletal</u>	<ul style="list-style-type: none">• No additional skills taught / assessed for neuro-musculoskeletal• Discussions about how to adapt for different individuals / client groups•
<u>Neurology</u>	<ul style="list-style-type: none">• No further skills taught but will have considered extra pathologies and current evidence through lectures delivered by clinical experts in related fields e.g. Paediatrics, Learning Disability.
<u>Respiratory</u>	<ul style="list-style-type: none">• Considerations for on-call working

Organisation of Practice Placements

The CSP encourages students to gain a broad range of clinical experience throughout their course rather than aiming to complete specific placements. The student's profile of clinical experience and travel distance are considered when allocating placements as far as possible and practical. Due to the restricted number and type of clinical placements a student may be required to travel up to two hours each way to their clinical site. We aim to allocate placements as early as possible during the academic year, although there may be delays if suitable placements are not yet available.

All Physiotherapy placements in London are managed by the Placement Management Partnership (PMP), a web-based system for all London Allied Health Profession students. All students can log-in to view their placements, complete placement feedback questionnaires and obtain pre-placement information. Educators and students are automatically notified by email of placement allocations from PMP.

For more detail about PMP, see <http://www.healthcare.ac.uk/schools/rehabilitation-sciences/practice-resources/>

It is the student's responsibility to check their SGUL email account regularly and keep their contact details up to date with the Undergraduate (Physiotherapy) Programme Administration office (room 72) and registry (Ground Floor, Hunter Wing). Students must inform the Administration Office of any changes in circumstances that may affect placement allocation e.g. childcare.

How to contact PMP

Sarah Watts is the Physiotherapy consultant at PMP.
Phone: 0844 8117037

Email: Sarah.watts@tribalgroup.com
/ sarah.watts@pmpartnership.org.uk
E-mail: support.pmpartnership@tribalgroup.com
Website: www.pmpartnership.org.uk

Student Feedback on Placements

Students receive an automated email request from PMP at the end of every placement to submit feedback on their placement. Feedback is anonymised and important in helping the University and the placement providers evaluate and develop good practice. Placement providers can access Placement Questionnaire Response Summaries via PMP.

Audit of Placements

A percentage of placement providers are audited annually against quality and contract performance indicators and standards. The audit is managed via the PMP website during the summer and the university responds to and acts upon feedback given.

Preparation for practice placements

Each practice placement is preceded by dedicated University sessions to prepare students for placement. Each preparatory session is themed to encourage students to develop their clinical experience across all six placements and reflect on the transferable skills developed in different settings.

The CSP has lots of online placement preparation information, for example <http://www.csp.org.uk/membership/students/top-tips-clinical-placement-success>

First year placement module PT2015 (BSc) and PT5001 (MSc)

Practice Placement 1 preparation

Theme: Pre-Clinical Week Clinical Practice Skills 1

- Placement process including clinical assessment
- Expectations on placement
- Practical assessment, treatment and documentation skills using case studies (with final year students)
- Moving and Handling (sign off as safe)
- Q&A with final year students

Prior to PP1, the student should:

- Refer to the Practice Placement Handbook (on StudySpace) for full details of placement processes.
- Contact their named Practice Educator as soon as possible and obtain reading lists, arrival times and other details from the PMP website.
- Disclose any disability or specific learning needs to their Practice Educator so that the right support can be provided. The university cannot disclose such information without permission from the student.
- Annually complete information governance training via <http://www.eiceresources.org/> and provide evidence of completion to the Placement administrator.
- Do a SWOT analysis, review the learning outcomes, identify learning needs and set personal objectives for the placement and update and refresh knowledge/ skills
- Attend the timetabled University placement preparation sessions, collect their clinical assessment form and know the contact details of their Link Tutor (emailed to students prior to placement).
- Complete the online Information Governance training at <http://www.eiceresources.org/> and **bring their completion certificate to the preparatory session on 3/11/16 (BSc) or 2/2/17 (MSc)**
- Complete the online PREVENT training (via StudySpace: Clinical Placement information – All Years/ Supporting Information/Safeguarding Information (including PREVENT) and **bring their completion certificate to the preparatory session on 3/11/16.**

University support: academic Link Tutor visit at approximately midway (see p.22)

Clinical placement assessment form submission deadline:

BSc: 4pm, Monday 9th January 2017

MSc: 4pm, Friday 24 March 2017

Practice Placement 2 preparation

Theme: Communication 1:

- Managing relationships and pressures on placement
- Reflecting on progress from PP1 to PP2

Prior to PP2, the student should:

- Refer to the Clinical Placement Handbook (on StudySpace) for full details of placement processes.
- Contact their named Practice Educator as soon as possible and obtain reading lists, arrival times and other details from the PMP website.
- Disclose any disability or specific learning needs to their Practice Educator so that the right support can be provided. The university cannot disclose such information without permission from the student.
- Do a SWOT analysis, review the learning outcomes, identify learning needs and set personal objectives for the placement and update and refresh knowledge/ skills.
- Attend the timetabled University placement preparation sessions, collect their clinical assessment form and know the contact details of their Link Tutor (emailed to students prior to placement).

University support: academic Link Tutor visit at approximately midway (see p.22)

Clinical placement assessment form submission deadline:

BSc: 4pm, Friday 24 March 2017

MSc: 4pm, Friday 23 June 2017

Practice Placement 3 preparation

Theme: Communication 2:

- Having difficult conversations

Prior to PP3, the student should:

- Refer to the Clinical Placement Handbook (on StudySpace) for full details of placement processes.
- Contact their named Practice Educator as soon as possible and obtain reading lists, arrival times and other details from the PMP website.
- Disclose any disability or specific learning needs to their Practice Educator so that the right support can be provided. The university cannot disclose such information without permission from the student.
- Do a SWOT analysis, review the learning outcomes, identify learning needs and set personal objectives for the placement and update and refresh knowledge/ skills.
- Attend the timetabled University placement preparation sessions, collect their clinical assessment form and know the contact details of their Link Tutor (emailed to students prior to placement).

University support: academic Link Tutor visit at approximately midway (see p.22)

Clinical placement assessment form submission deadline:

BSc: 4pm, Friday 4 August 2017

MSc: 4pm, Friday 4 August 2017

Final year placement module PT3015 (BSc) and PT6001 (MSc)

Practice Placement 4 preparation

Theme: Clinical Practice Skills 2:

- Practical assessment, treatment and documentation skills using case studies
- Changing expectations on placement
- Your role in PAL clinical visits (MSc only, see p.16)

Prior to PP4, the student should:

- Refer to the Clinical Placement Handbook (on StudySpace) for full details of placement processes.
- Contact their named Practice Educator as soon as possible and obtain reading lists, arrival times and other details from the PMP website.
- Disclose any disability or specific learning needs to their Practice Educator so that the right support can be provided. The university cannot disclose such information without permission from the student.
- Annually complete information governance training via <http://www.eiceresources.org/> and provide evidence of completion to the Placement administrator.
- Do a SWOT analysis, review the learning outcomes, identify learning needs and set personal objectives for the placement and update and refresh knowledge/ skills.
- Attend the timetabled University placement preparation sessions, collect their clinical assessment form and know the contact details of their Link Tutor (emailed to students prior to placement)
- Complete the online Information Governance training at <http://www.eiceresources.org/> and **bring their completion certificate to the preparatory session on 29/9/16.**
- Complete the online PREVENT training (via StudySpace: Clinical Placement information – All Years/ Supporting Information/Safeguarding Information (including PREVENT)) and **bring their completion certificate to the preparatory session on 29/9/16.**

University support: personal tutor phone call at approximately midway (see p.22)

Clinical placement assessment form submission deadline:

BSc and MSc: 4pm, Friday 11 November 2016

Practice Placement 5 preparation

Theme: Transition from student to autonomous practitioner 1:

- Consolidating your clinical experience
- Your role in PAL1 clinical visits (BSc only, see p15)

Prior to PP5, the student should:

- Refer to the Clinical Placement Handbook (on StudySpace) for full details of placement processes.
- Contact their named Practice Educator as soon as possible and obtain reading lists, arrival times and other details from the PMP website.
- Disclose any disability or specific learning needs to their Practice Educator so that the right support can be provided. The university cannot disclose such information without permission from the student.

- Do a SWOT analysis, review the learning outcomes, identify learning needs and set personal objectives for the placement and update and refresh knowledge/ skills
- Attend the timetabled University placement preparation sessions, collect their clinical assessment form and know the contact details of their Link Tutor (emailed to students prior to placement)

University support: personal tutor phone call at approximately midway (see p.21)

Clinical assessment form submission deadline:

BSc and MSc: 4pm, Friday 10 February 2017

Practice Placement 6 preparation

Theme: Transition from student to autonomous practitioner 2:

- Transferable skills
- Your role in PAL2 clinical visits (BSc only, p.15)

Prior to PP6, the student should:

- Refer to the Clinical Placement Handbook (on StudySpace) for full details of placement processes.
- Contact their named Practice Educator as soon as possible and obtain reading lists, arrival times and other details from the PMP website.
- Disclose any disability or specific learning needs to their Practice Educator so that the right support can be provided. The university cannot disclose such information without permission from the student.
- Do a SWOT analysis, review the learning outcomes, identify learning needs and set personal objectives for the placement and update and refresh knowledge/ skills
- Attend the timetabled University placement preparation sessions, collect their clinical assessment form and know the contact details of their Link Tutor (emailed to students prior to placement)

University support: personal tutor phone call at approximately midway (see p.22)

Clinical placement assessment form submission deadline:

BSc and MSc: 4pm, Thurs 18 May 2017

Peer Assisted Learning (PAL) Clinical Visits

The first clinical experience for students is the PAL clinical visit where each 1st year student visits a final year student on practice placement.

Responsibility and accountability:

The 1st and final year students (**not** the Practice Educator) are jointly responsible for the organisation of the PAL visits.

The first year student is accountable to the final year student during the visit who is in turn accountable to their Practice Educator.

The 1st year student cannot assess or treat patients or assist in the moving and handling of patients (specifically patient transfers) without the direct approval and supervision of the Practice Educator.

Aims:

- 1st year students: to provide a clinical context for their theoretical learning and to **observe** physiotherapy in practice.
- Final year students: to provide opportunity to demonstrate skills in professionalism, communication and management in negotiating and supervising the visit.

Intended Learning Outcomes of PAL clinical experience

For 1st year student:

1. Familiarise themselves with the daily routine of the clinical environment and key issues relating to the particular clinical setting they enter
2. Recognises the importance of infection control and manual handling skills
3. Demonstrates respect for the dignity and confidentiality of patients at all times during and after the PAL clinical visits
4. Applies fundamental standards of professionalism e.g. courtesy, appearance and manner and demonstrates knowledge of the codes of professional conduct
5. Initiates professional communication with patients, the final year student and any health care professionals
6. Records key relevant information relating to the clinical observation including informed consent and confidentiality
7. Is familiar with the subjective and objective patient assessment processes.
8. Introduces themselves to goal setting, treatment and progression of treatment and record keeping
9. Recognises the importance of key medical investigations and the relevance of correct interpretation for treatment planning
10. Reflects on their experience and performance during visits, reflects on what is required of the student in the clinical setting and consider strategies to address those requirements. Documents their reflections
11. Undertakes basic literature searches to find evidence to support critical thinking and reflection

For final year student related to PAL Clinical visit (taken from level 6 Placement Assessment Form)

1. Demonstrates sensitivity to the needs of the patient taking into account physical, psychosocial and cultural needs e.g. while seeking informed consent for the PAL clinical visit
2. Maintains appropriate relationships within a team in organising a visit by the 1st year student
3. Communicates in a professional manner with patients/ service users, relatives, carers and colleagues
4. Demonstrates self-management of workload (appropriate to the practice environment), responding to varying circumstances in a professional manner
5. Demonstrates autonomy, accountability and knowledge of own professional and personal scope of practice whilst acknowledging cross professional boundaries

BSc Physiotherapy PAL visits:

- 2 separate half day visits (occasionally 1 full day visit) to a 3rd year student during the January placement (PAL clinical 1) and then again during the April placement (PAL clinical 2)

BSc Assessment of PAL

1st year students:

- Following PAL Clinical 1: Summative assessment on Monday 20/2/17 of an individual 10 minute oral presentation to personal tutors and peers. The student is expected to:
 - Discuss the physical, biological and psycho-social factors underlying human health and function, relative to a specific patient observed during the PAL visit
 - Demonstrate the ability to report findings in a clear and concise manner using appropriate terminology
 - Begin to demonstrate critical thinking, problem identification and appraisal of information
 - Analyse specific patient problems and identify basics of physiotherapy skills
- Following PAL Clinical 2: Formative assessment via a structured reflective account of their PAL clinical experiences (including a personal development plan/SWOT). Formative assessment relates to critical thinking and reflective skills, linking theory to practice and preparation for professionalism required in clinical practice. Final year students also provide feedback to the 1st year students on their professionalism.

3rd year students:

- Summative assessment by the Practice Educator of their inter-personal and professional skills and clinical reasoning using the level 6 Clinical Assessment Form

MSc Physiotherapy PAL visits

- 2 half day visits to a final year MSc student during the October placement.

MSc Assessment

1st year students:

- Written reflection on their PAL experience and formative feedback from their personal tutor. Final year students also provide formative feedback to the 1st year student on their professionalism

Final year students:

- Summative assessment by the Practice Educator of their inter-personal and professional skills and clinical reasoning using the level 6 Clinical Assessment Form

Preparing for the PAL clinical visits (pre-placement)	Person responsible
1. 1 st and final year students are paired with each other and informed of the dates and sites for the PAL visit	Practice Education Team
2. Practice sites are informed in writing/email of PAL clinical visits dates normally 6 weeks in advance	Practice Education Team
3. 1 st year and final year students are given guidance and information for the organisation of the PAL clinical visit	Practice Education Team
4. 1 st year student prepare for their PAL visit (travel, uniform, etc) using the stated aims and objectives	1 st year student
Planning the PAL clinical visits	
5. PAL clinical visit is discussed with the Practice Educator during week 1 of placement	Final year student
6. PAL clinical visit is planned (including patient selection, risk assessment and informed patient consent) and	Final year student

agreed with Practice Educator	
7. 1 st and final year students to establish communication with each other to arrange the PAL visit	Final yr student initiates PAL1 (BSc & MSc). 1 st yr student initiates PAL2 (BSc only)
Conducting the PAL clinical visits	
8. Initial introduction of the 1 st year to the practice environment to include: daily routine of the working environment, any key issues related to the clinical setting	Final year student
9. Reminder to the 1 st year student of standards of professionalism e.g. courtesy, appearance, manner, confidentiality, punctuality, time-keeping, respect and dignity of colleagues and patients, adaptability	Final year student
10. Guidance to the 1 st year student regarding health and safety issues (which can include a risk assessment, equipment and manual handling if appropriate) and infection control	Final year student
11. After introductions, the final year student performs their usual assessments and/or treatments while the 1 st year student observes	Final year student
12. Discussion initiated with the final year student on an appropriate topic from the practice experience in anticipation of their PAL presentation	1 st year BSc students only
13. Provides feedback to the 1 st year student on their conduct during the visit.	Final year student
14. BSc PAL1: Facilitates a discussion to develop an outline for the 1 st year student's PAL presentation. BSc PAL 2 or MSc PAL: Responds to the discussion initiated by the 1 st year student on an appropriate topic for the reflective formative assessment.	Final year student

Management of Practice Placements

Students are required to complete *approximately* 1000 hours of practice-based learning during their course (CSP 2010). At St George's this comprises:

Practice placement 1 plus pre-clinical week	Approx. 6 weeks
Practice placement 2	5 weeks
Practice placement 3	5 weeks
PAL clinical visits Academic modules (university-based): <ul style="list-style-type: none"> • Integrating Clinical Concepts (ICC) • Critical reflection & reasoning (CRR) (BSc) • Professional development in rehabilitation (PDR) (MSc) 	Approx. 1 week
Practice placement 4	5 weeks
Practice placement 5	5 weeks
Clinical placement 6	5 weeks
Total Hours: 31 weeks x 32 hours	1024 hours

Each practice placement normally comprises a minimum of 32 hours a week. We recommend that students monitor their hours in practice and if required, consider enhancing the time on placement by negotiating with their Practice Educator the option of using their weekly half-day entitlement*.

The hours must fit in with the service requirement e.g. 7 day working, 12 hour shifts etc. To enable effective learning students may benefit from planned time away from clinical during the placement e.g. one half-day off per week. This time is normally negotiable but some students may have commitments that are not negotiable e.g. dyslexia support or caring commitments*.

The working hours for the placement should be discussed early in the first week of placement, but remember that some students may spend 3 to 4 hours a day commuting to placement.

The hours spent on practice placement must be recorded on the Placement Assessment Form by the student and upon completion must be totalled and signed off by the Practice Educator.

A student must complete a minimum of 50% of the practice placement for it to be counted towards their degree classification. The Practice Educator must be confident that they can give a fair assessment of the student's performance. If on discussion with the Link Tutor, the Practice Educator feels unable to give a true assessment of the student's performance, this placement will not count towards their degree classification.

Student Absence during Practice Placement

It is the responsibility of the student to inform the Practice Educator in the event of any absence during a placement by 8.30am **each morning of absence**, indicating approximately how long they expect to be absent.

The student must **also** inform the School via the Practice Placement Administrator placementteam@sgul.kingston.ac.uk The absence will be recorded and the appropriate academic staff informed if necessary.

All absence must be recorded on the clinical assessment form and a medical certificate produced for absence longer than 7 days (including weekends).

Compassionate and/or other forms of leave

If a student is aware in advance of a placement that they will be absent for any length of time, written approval must be sought from the Practice Education Team stating the duration and reason for the absence. If approved, the Department of Rehabilitation Sciences will inform the clinical practice site of permission to be absent from placement.

Holidays cannot be taken during clinical practice placements. Nor can a student be absent from a placement for work purposes.

Roles and Responsibilities

The Role of the Practice Educator

For each placement, each student is assigned a named Practice Educator/s who is normally an HCPC registered Physiotherapist. The Practice Educator will plan the placement and supervise the student although other members of their team may contribute for maximum experience and learning. It is the responsibility of the Practice Educator to assess and mark the student using the Clinical Assessment form. The practice educator can contact the University Link Tutor at any time throughout the placement for support or guidance.

PRIOR to the placement the Practice Educator should:

- Ensure the placement information on PMP's website is up-to-date, including any required additional training.
- Be aware of the student's expected level of knowledge and skills (see p. 5) and prepare an appropriate timetable for the student, scheduling time for induction, feedback, preparation and reflection.

IN THE FIRST WEEK the Practice Educator should:

- Facilitate the student's integration into the team.
- Provide the student with their contact details so the student can arrange the Link Tutor's midway visit or call.
- Induct the student to the departmental health and safety policies (e.g. infection control, moving and handling, hazard control and risk management). The Practice Educator must highlight high risk areas.
- Clarify expectations e.g. when formal feedback will be given, caseload, responsibilities and accountability, working hours.
- Discuss a learning agreement with the student, negotiating personal objectives.

THROUGHOUT the placement the Practice Educator should:

- Take responsibility for the day to day management of the placement and be available to the student and provide advice as appropriate.
- Facilitate learning by providing a range of experiential learning opportunities

- Provide appropriate regular scheduled feedback.
- Find time to meet/call the Link Tutor around midway in the placement.
- Contact the Link Tutor if they have any questions or concerns or if the student is at risk of failing.
- Undertake assessment of the student at midway and at the end of the placement consulting other team members where appropriate.

The Role of the Student

See pages 11-14 for the role of the student PRIOR to each placement

THROUGHOUT the placement the student should:

- Within the first week, arrange with their Link Tutor the mid-way visit/call.
- Maintain professional behaviour and confidentiality at all times.
- Be aware of all departmental policies and procedures including accident and incident reports, manual handling, health and safety etc.
- At the beginning of the placement, discuss with their Practice Educator expectations, identify strengths and limitations, specific learning needs and review learning outcomes.
- Take responsibility for their own learning and proactively seek learning opportunities.
- Take responsibility for completing their clinical portfolio (as required in relation to any accompanying relevant assignment) and meeting their learning needs. Time during the placement **may** be available for this and should be negotiated with their educator.
- Complete the online evaluation (via PMP) after the placement.
- Before leaving the placement, ensure their clinical assessment form is completed and signed by their Practice Educator. Be aware of the European Working Time Directive in relation to placement hours and any paid work. For further guidance please see: www.gov.uk/maximum-weekly-working-hours/overview

The Role of the Link Tutor

The Link Tutor may be a physiotherapy academic staff member, the student's personal tutor or a suitably qualified non-academic Physiotherapist and their role is to support **both the student and their educator/s** during the placement. Normally this support is provided through the midway visit or phone call but additional support can always be scheduled on request by either student or educator. The Link Tutor acts as a moderator to the assessment process.

- In the first year of placements students and their educator receive a link tutor visit around the midway point in the placement, while in the final year, midway support will be by telephone, unless either student or educator requests a visit.
- By the end of the first week of placement the link Tutor will email the student to arrange a midway visit/call
- The link tutor will follow the procedure for the Midway visit
- The link tutor will inform the placement about relevant university matters highlight as prompted by the link tutor form.

Role of the University Practice Placement Co-ordinators

- Develop, organise, implement, monitor and evaluate the practice education programmes
- Promote quality practice based learning
- Provide educational programmes for Practice Educators
- Be a resource for all parties involved in practice based learning within the Faculty and beyond
- Liaise with other London HEIs to coordinate PMP placements
- Liaise with PMP
- Engage with placement providers via termly Practice Education Liaison Meetings and London Physiotherapy Managers Forums

Student Supervision

Students must be under the supervision and within reasonable contact of a Practice Educator at all times to comply with the conditions of indemnity. If the student is under the supervision of an appointed deputy, that person must be suitably experienced. Students in their final year should require less direct supervision than students in earlier years as they should be developing clinical competence and confidence as they approach the end of the course.

It is a mandatory requirement that after the student has completed the assessment of a patient/client/ service user, the proposed patient/ client/service user management procedures, or any changes to existing patient interventions, are discussed with a Physiotherapist prior to implementing the procedures, to comply with the conditions of indemnity.

Students should always know how to contact their Practice Educator or appointed deputy during clinical time.

If the Practice Educator has to leave the work area and an appointed deputy is not available, then the student stops treating patients/clients but may continue with relevant learning activities such as reading patient notes, books, papers etc. Alternatively, the student leaves the area and continues learning activities in another agreed location.

Lone working

While on placement, students may make unaccompanied visits to patient's homes or other community settings provided that:

1. The Trust's Lone Working policy is followed (this will include the risk assessment)
2. The student carries their mobile phone and emergency contact numbers and follows the stipulated local contact/check-in arrangements
3. The student only visits clients who are already known to the team
4. The Practice Educator and student have discussed the visit and agree it is appropriate for the student to go on their own

Midway visit or phone call by Link Tutor

The Link Tutor is key to the process by which the University supports its students and educators on the practice placement.

Students and educators are routinely visited on all placements in the first year of placements, while in the final year, a phone call to both student and educator is current practice. Visits and calls take place around the midway point of the placement. There **must always** be communication between the Link Tutor, the Practice Educator and the student to affirm that progress and outcomes are satisfactory. A visit will be arranged when deemed necessary by any party, for example where a student is struggling or if a placement is new to the university. The link tutor records a summary of the midway discussion

Practice education modules are moderated in the same way as others in the School of Rehabilitation Sciences. It is recommended that this moderation takes place during the midway visit, led by the Link Tutor

Format of midway visit

During the physical midway visit the Link Tutor meets with the student and their educator in private room. A three-way discussion is preferred to ensure a transparent process of dealing with feedback and any potential conflict. If a three-way discussion is not possible due to absence then the Link Tutor must ensure that subsequent communication is conducted in a transparent way (e.g. copying in both student and educator).

During the midway visit or telephone discussion the Link Tutor should raise the following points:

1. The purpose of the visit (including the benefits of the 3 way discussion process)
2. The nature of the placement e.g. caseload
3. The amount and level of supervision and nature and amount of feedback provided
4. The student's ability to practise safely
5. The student's performance related to the midway clinical assessment (or a prediction of these marks if not yet completed) including how marks have been awarded
6. Discussion of how the student intends to demonstrate learning outcomes for the remainder of the placement. More senior students should be encourage to 'lead' this discussion and determine their own learning needs (in preparation for future lifelong learning processes)
7. A summary of the midway conversation and any agreed actions and responsibilities should be clearly documented on the Link Tutor proforma. Any subsequent communications or actions are dated and documented on the same form. This summary may be emailed to the student and/or educator if requested.
8. The Link Tutor forwards the proforma to the Placement Administrator within one week of the end of the placement to be stored in the student's file.

Support for Practice Educators

Practice Educator Study Days

The London group of Universities collaborates to organise free study days for both novice and experienced Physiotherapy Practice Educators. All educators are advised to attend before supervising students for the first time (novice study day) and are then welcome to attend periodically for updates (experienced study day).

Novice Practice Educator Study Days at St George's	Experienced Practice Educator Study Days at St George's
20/10/16	27/10/16
16/3/17	27/4/17
22/6/17	

Dates are also advertised on the faculty website at <http://www.healthcare.ac.uk/schools/rehabilitation-sciences/practice-resources/>

Dates of study days offered by all the London universities are advertised on PMP at www.pmpartnership.org.uk Click on the link to 'further information and training notes' from the dashboard.

Content of all the London universities Practice Educator Study Days includes:

- Physiotherapy programme content, placement allocation process, practice education resources, contacts
- Roles, responsibilities and planning
- Common assessment form
- Setting learning outcomes and expectations
- Facilitating learning on placement, models of supervision
- Managing students with disabilities
- The student in difficulty
- Emerging practice education settings
- Reflection in practice

Bespoke study stays can also be provided for individual practice sites on request. For more information please contact the Programme Administrator Faye McGill placementteam@sgul.kingston.ac.uk

Online information for Practice Educators

This handbook and all paperwork for placements including the clinical assessment forms are available on the faculty website at <http://www.healthcare.ac.uk/courses/rehabilitation-sciences/information-for-pre-registration-physiotherapy-practice-educators/>

There is also a wealth of information online to support both novice and experienced Practice Educators. The CSP has a webfolio resource for practice education at <https://v3.pebblepad.co.uk/v3portfolio/csp/Asset/View/6jqbh3H5jdtc4d8m7t3qfZZWzy/6jqbh3H5jdtc4x7M7wyxr8Gf6h>

The multi-professional faculty at the London Deanery also has a large range of online information relating to all aspects of clinical education
<http://www.faculty.londondeanery.ac.uk/e-learning>

Support from the university academic staff

The Practice Education team are always happy to answer queries or give guidance at any time:

- Mary Jane Cole, Senior Lecturer, m.cole@sgul.kingston.ac.uk 0208 725 2250 (Tues – Thurs)
- Alison Jones, a.jones@sgul.kingston.ac.uk Senior Lecturer 0208 725 0319 (Weds – Fri)
- Faye McGill, administrator, placementteam@sgul.kingston.ac.uk (Mon – Fri)

Practice Portfolio

Students are encouraged to reflect on their learning, their competency and on clinical and professional issues by developing a clinical practice based portfolio. The student may wish to share some personal reflections with their Practice Educator; reflective accounts can contribute positively to any of the placement learning outcomes e.g. interpersonal skills, clinical reasoning.

The CSP (2011) recommends that:

- 1) *You should be looking to record your learning and the change it made to your practice rather than the factual details of your experience.*
- 2) *Keeping your portfolio should be seen as part of your working life. It should be integrated into your work, rather than an extension of it.*

(CSP 2011)

The clinical portfolio has two main purposes:

- (1) The portfolio reflects personal and professional growth and development as the student progresses through their placements. It has the potential to be an excellent resource for the student as new information is gathered from the practice placement and for reference for future placements and in preparation for job applications. It introduces the student to the concept of lifelong learning and the requirement for evidencing CPD for HCPC registration. Writing reflectively in a portfolio gives the student the opportunity to identify what has been learned from 'significant events' and how their practice has changed as a consequence. Students are encouraged to use the CSP ePortfolio <http://www.csp.org.uk/professional-union/careers-development/cpd/csp-eportfolio>
- (2) It contributes to clinically associated university based modules which are designed to augment the clinical education experience, to enrich integration of academic and clinical practice and to develop heightened skills of reflection.

One of the requirements is that the students complete a record of selected manual handling techniques whilst on practice placement. The student may ask the Practice Educator to observe them performing these techniques and sign them off as

independent. The student should complete a minimum of 40% of these manual handling techniques during their first 3 placements and the rest during their last 3 placements.

For more ideas on CPD go to <http://www.csp.org.uk/membership/student-members/keeping-cpd-portfolio-10-top-tips>

<http://www.csp.org.uk/professional-union/careers-development/cpd>

a. BSc (Hons) Physiotherapy

The modules Integrating Clinical Concepts (Year 2) and Clinical Reflection and Reasoning (Year 3) – see e-Appendix 1 – draw upon the student's clinical experiences gained in placements.

b. MSc Physiotherapy

The module Professional Development in Rehabilitation in Year 2 is assessed via a clinical profile.

Involvement of the Practice Educator in the Student's Clinical Portfolio

Students may require their educator to sign the Moving and Handling Competency checklist to record the students ability to perform safely in practice.

The student is expected to compile other content required for the portfolio independently. However there may be some tasks that the student is completing for their module or personal portfolio – that the educator might like to integrate into the experience he/she is providing for the student e.g. clinical reasoning forms, significant incident reflective practice forms. Evidence from student documented reflections can illustrate and support learning outcomes e.g. demonstrating clinical reasoning via an annotated reference or significant incident. Students value feedback on their reflective writing skills.

To reflect the CSP recommendation of half a day per month for CPD, it is hoped that the Practice Educator will support the student's activity on their clinical portfolio with the equivalent amount of time, approximately an hour a week.

Students raising concerns in practice

If students has concerns during practice placement about teaching and learning or where a student observes or identifies a situation or event which has the potential to cause risk or harm to an individual(s) or organisation, the pathway to address such concerns is at <http://www.healthcare.ac.uk/courses/rehabilitation-sciences/information-for-pre-registration-physiotherapy-practice-educators/>

Professional conduct

Health and Safety policies dictate the parameters of dress and appearance in the clinical situation. As a general guideline, students should wear defined clinical uniform

on all clinical placements unless otherwise advised by their Practice Educator. Students will be expected to conform to the uniform requirements of each clinical site. The uniform is normally a short-sleeved white tunic, blue trousers and soft-soled, non-slip footwear in black or navy blue. No obtrusive make-up should be worn and jewellery, if any, should be discreet. Wedding rings, plain stud earrings and fob watches are normally acceptable. Hair should be kept off the face and long hair should be tied up. Students should not wear their uniform outside the clinical site due to the risk of cross infection e.g. MRSA in the community.

Students will be required to demonstrate adherence to the rules of professional conduct in every practice setting commensurate with their level of experience.

The CSP Code of Professional Values and Behaviour sets out the profession's expectations of all members: qualified physiotherapists, associates and students. This should be adhered to by all students at all times across the programme.

CSP (2011) Code of Professional Values and Behaviour

<http://www.csp.org.uk/professional-union/professionalism/csp-expectations-members/code-professional-values-behaviour>

HCPC (2008) Standards of Conduct, Performance and Ethics

<http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

Disclosure and Barring Service (DBS)

As part of the registration and enrolment process in Year 1, all students are required to complete a DBS clearance. Students have a responsibility to self-declare should their status be affected.

Universal precautions

Hepatitis B, T.B, HIV

Undergraduates are (at present) required to have active immunity to Hepatitis B. Before entering a clinical area it is the responsibility of the student to be familiar with the policy of the unit concerning HIV and Hepatitis B and any other disease categorised as confidential or notifiable or one that requires extra precautions to be taken. Every person entering a clinical area has the responsibility of implementing the agreed policy of the area concerning HIV and Hepatitis B.

Personal property

Neither hospitals nor Universities accept responsibility for the theft or loss of student's personal property. It is the student's responsibility to take extreme care particularly with jewellery which may have been removed in the practical class or to treat a patient.

Security

Students should wear their name badge when on placement and should carry their student identity card (e.g. Library card) and produce it when requested by a person in authority.

Student consent to act as a model for teaching sessions

To avoid injuries and prevent emotional distress the clinical educator should obtain informed consent from students when the student is required to act as a model for learning and teaching purposes.

Mitigating Circumstances

If for reasons of sickness, family or other possible extenuating circumstances a student is unable to start, complete or withdraw from a placement, the student must follow the Department's mitigating circumstances procedure.

In cases of ill health the student must have health clearance from Occupational Health before going on placement. This appointment is requested by the student's personal tutor.

The decision to defer or repeat a placement is at the discretion of the Examinations Officer.

Where a student is advised by the university to discontinue a placement but the student disagrees, the student must sign a disclaimer that they '*wish to continue with the placement despite advice given by the university*'. The student must understand that where learning outcomes are poor e.g. a failed placement, it is not possible to claim mitigating circumstances retrospectively.

Equal Opportunities Policy statement

The Department of Rehabilitation Sciences, Faculty of Health and Social Care Sciences, Kingston University, St George's University of London confirms its commitment to a comprehensive policy of equal opportunities in employment in which individuals are selected and treated on the basis of their relevant merits and abilities and are given equal opportunities within the Department. The aim of this policy is to ensure that no job applicant or employee should receive less favourable treatment on any grounds not relevant to good employment practice. The Department is committed to action to make this policy fully effective

Disability Statement

The Department of Rehabilitation Sciences, Faculty of Health and Social Care Sciences, Kingston University, St George's, University of London is committed to the fair and equal treatment of all individuals regardless of disablement. The Faculty is also committed to full compliance with the requirements of the Equality Act 2010 and the Special Educational Needs and Disability Act 2001 and other anti-discrimination laws. For further information see link: <http://homeoffice.gov.uk/equalities/equality-act/>

All programmes offered by the Faculty have both academic and clinical practice components and either lead to, or are dependent upon, registration with professional bodies. Therefore all applications will be considered in relation to guidelines set out by both the relevant professional bodies and the university and will be subject to occupational health clearance.

It is acknowledged that practice areas are varied in the nature of the client group and specialty and also in their philosophy of care. All local NHS Trusts and other placement providers have equal opportunity policies to which staff members adhere.

Placement areas are selected in order to enable all students to achieve the required skills on completion of the programme. It is not possible to select specific placements for individual students but where possible consideration will be given for students with specific needs. Students are reminded that adjustments may be dependent on their disclosing their disability to appropriate staff on clinical placement.

Disclosure of Information

Students are not obliged to divulge their disability or learning need but the Department of Rehabilitation Sciences actively encourages students to disclose any special needs or requirements to their Practice Educator as soon as practically possible before the start of the placement. Some students prefer to have this discussion face to face during the first week of a placement.

The university can only disclose information about the student if they have given their consent.

Some students choose not to declare a disability or indeed may not be aware they have a disability. If problems become apparent when they begin to have difficulties on placement, the Link Tutor should be contacted. The student will be expected to proceed to completion of the placement and be assessed by the normal criteria for their stage (formal disability needs assessment takes time and therefore support may be limited at this stage). A report should be sent to the Course Director setting out the difficulties the student experienced and any support that was given for consideration at the Examination Board.

Disability Support

All students will have been cleared by Occupational Health prior to commencement of the course and encouraged to declare to the university their disability. It is likely that they will have had a needs assessment. Support specific to that assessment that is practicable to provide will have been given in university. Some of that support may be available to the student while on practice placement and a resource pack to support practice educators with disabled students is available at <http://www.healthcare.ac.uk/schools/rehabilitation-sciences/practice-resources>

The student's progress on placement should be consistent with the normal demands placed on a student for their stage in training. However strategies that can be

accommodated in the clinical environment can assist the student in achieving a satisfactory placement.

Permission by the student must be sought from the Practice Educator for the use of certain pieces of equipment e.g. Dictaphones.

The Practice Educator and the student can contact the University Disability Co-ordinator to assist at any stage.

Travel

It is the student's responsibility to find the best route to the placement.

The Department recommends www.transportdirect.info www.nationalrail.co.uk and www.tfl.gov.uk for travel information. Alternatively National Rail Enquiries on 08457 48 49 50 or London Travel Information on 0207 222 1234.

If travelling to practice placement by car students must be appropriately insured i.e. cover for business use.

Travel claims

Travel Claim forms can be found outside the Pre-reg Programme office. Completed forms – with receipts – must be returned via the black box provided outside the Pre-reg programme office, designated for this specific purpose. Copies of all travel claims and relevant receipts must be retained.

Queries about payment of travel claims should be addressed with the Faculty Finance Officer PaymentsNB@kingston.ac.uk or 020 8417 6401

Students can claim for journeys undertaken by public transport, car, motorbike or bicycle between their term time residence and a clinical placement site **providing the cost is in excess of their normal daily travel costs from their term-time residence to their college i.e.** the *difference* in travel costs incurred when attending placement rather than teaching/ attending the Department of Rehabilitation Sciences. Please see <http://www.nhsbsa.nhs.uk/816.aspx>

A worked comparison example is featured below.

Reason for Travel	Cost incurred	Cost reimbursed
Home to teaching site	£12	
Home to placement site	£20	
		£8

The NHS bursary scheme states that daily travelling costs between the term-time residence and college is included in the basic bursary. If the student is not incurring any

additional cost whilst travelling to the clinical placement site he/ she is not out of pocket as the money has already been provided.

Steps to follow

1. Claim travel expenses from the Faculty using the green forms available outside the Pre-reg programme office, Level Two Grosvenor Wing
2. The cheapest form of transport to travel to and from placements (including free/ concessionary schemes) must be used. All supporting documentation/ receipts must be submitted with the travel claim form (receipts stapled to the claim form)
3. Excess travel expenses will be reimbursed monthly and claims should be sent in as soon as possible, on a monthly basis and NOT three monthly, termly or yearly. Forms completed outside the deadline of 3 months from incurring the expenditure may not be paid
5. A clear justification for travel will quicken the process
6. It is the sole responsibility of the student to retain a photocopy of the claim form and all supporting documentation/ receipts. Occasionally receipts may be lost, if there are no photocopies of the receipts no claim can be made
7. All travel claim forms must include a St George's Student I.D number, a current address, bank details and the student's signature. If any of this information is missing the form will be returned to the Department office causing a delay in the claim
8. All travel claim forms must be placed in the black box outside the Pre-reg Programme office. They will be collected by the Programme Administrator before forwarding to the Faculty Finance Office. To ensure prompt payment they need to be put in the black box by the 5th of each month
9. Queries about payment of travel claims should be addressed with the Faculty Finance Officer. Please email PaymentsNB@kingston.ac.uk or by telephone 020 8417 6401

Accommodation whilst on placement

In some situations it is not feasible for students to travel to and from a placement on a daily basis and accommodation local to the clinical site may be advisable, for example if a student has to travel more than two hours in one direction on public transport or if it is impossible to get to the clinical site on time using public transport.

Some practice provider sites offer accommodation and this information can be found on the provider information sheet. Enquires must be made at the earliest opportunity if local accommodation may be necessary. In the first instance this should be discussed with the Practice Placement Co-ordinator.

Queries around reimbursement entitlements are available from the Faculty Finance Officer. Please email PaymentsNB@kingston.ac.uk or by telephone 020 8417 6401.

Assessment on placement

Students' progress during each practice placement is assessed by the designated Practice Educator. The practice placements are structured such that they are progressive in nature (levels 4, 5 and 6). The clinical assessment form used by all London universities contains three levels of practice descriptors enabling clinical work to be graded consistently across the practice placements.

The assessment form contains guidelines on completion for practice educators and the Link Tutor can give further guidance if required. Students will bring a paper copy of their assessment form to the placement and an electronic version is also available at <http://www.healthcare.ac.uk/courses/rehabilitation-sciences/information-for-pre-registration-physiotherapy-practice-educators/>

The Practice Co-ordinators and Link Tutor are happy to answer any questions relating to the assessment process.

Learning Contract

Students should agree a learning contract with their educator and write it in their placement assessment form. The contract provides structured learning throughout the placement and encourages students to take responsibility for their learning. During the contracting process students will develop negotiating skills and improve communication, organizational and time management skills.

Students are encouraged to address a learning outcome from each of the four areas of practice (interpersonal skills, professionalism, treatment/management, clinical reasoning) and relate them to their current placement.

The role of completing the learning contract is normally the responsibility of the student and will be monitored by the Practice Educator.

The Midway Assessment

The Practice Educator should assess the student at about the midpoint of the placement assessing against the learning outcomes for the four areas of practice, interpersonal skills, professionalism, treatment and management and clinical reasoning. The meeting should take place in a private space.

The Educator grades each learning outcome by underlining/ highlighting the appropriate descriptors to clearly indicate the level of the student's performance and to show the areas to be focused on in the second half of the placement. Specific actions must be written on the assessment form so that it is clear what steps the student should take to successfully complete the placement.

The Final Assessment

The final assessment of the student should be completed by the Practice Educator during the last few days of placement. The meeting should take place in a private space.

The final grade for the placement is calculated by the University using the marks from Part 2. The four sections are weighted differently at different assessment levels as follows:

	Level 4 and Level 5	Level 6
Interpersonal Skills	20%	20%
Professionalism	10%	10%
Treatment/Management	35%	30%
Clinical Reasoning	35%	40%

Both student and Practice Educator should keep a photocopy of the completed assessment form and the original returned to the student for submission.

Please note that weightings vary across the London universities.

Problems on Placement

If problems or issues arise during the placement it is important that the student receives support at an early stage rather than waiting until their work has been affected. The student may choose to talk things over with their Practice Educator.

The student and clinical educator are welcome to contact the Link Tutor at any time for guidance. Email placementteam@sgul.kingston.ac.uk

There are support systems at the Department of Rehabilitation Sciences and a range of resources to support the practice educator are available at <http://www.healthcare.ac.uk/schools/rehabilitation-sciences/practice-resources/>

Students at risk of failing a placement

Occasionally a student may not be performing at an acceptable level and is not progressing despite all support and opportunities provided. It is never an easy decision to fail a student but sometimes this is both necessary and appropriate.

Failure may relate to either Part 1 or Part 2 of the placement assessment form but please note that failure of any aspect of Part 1 of the assessment form overrides the student's performance in Part 2 (see below for specific guidance on **safety** on clinical placement).

If a student is at risk of failing, the Practice Educator must discuss this with the student and inform the Link Tutor as soon as the risk is apparent.

An academic member of the University Practice Education Team will respond to any concerns raised by Practice Educators within one working day and a visit can be organised within 5 working days to support all parties.

At this point the Managing Challenges on Placement form must be completed (see <http://www.healthcare.ac.uk/courses/rehabilitation-sciences/information-for-pre-registration-physiotherapy-practice-educators/>).

It must be signed (or agreed via email) and a copy given to the student, Practice Educator and Link Tutor. The action plan should identify the minimal acceptable standard to pass and the steps to be taken so that the student has every chance of successfully completing the clinical placement

Placements will not normally be terminated unless it is mutually agreed by academic and practice staff that the student is unsafe to themselves, patients or staff. This will constitute a failed placement and is recorded in Part 1 of the assessment form. See below for guidance on safety.

A failed placement

- Students are permitted only **ONE** resit of **ONE** of the practice placements in any ONE academic year.
- Students are expected to gain experience on placement in areas of physiotherapy that reflect cardio-respiratory, neurological, musculoskeletal, rehabilitation for older people and in a range of settings including the community. A failed student will be required to repeat the placement in the same speciality and in a similar setting to that of the failed placement, wherever possible, and at a time to be determined by the practice placement co-ordinator in consultation with the Course Director. This may result in the student graduating later. Where a placement of the same speciality is not available all efforts will be made to place the student in as close a related placement as possible
- A second failure of a placement in any **ONE** academic year (regardless of whether this is a resit at one particular placement or a first attempt at a subsequent placement, having failed an earlier placement) will normally result in the termination of the student's registration on the BSc (Hons) Physiotherapy programme of study. If a student feels that there are **mitigating circumstances** that have affected their performance then they have a right to appeal and this process will be in accordance with the SGUL General Regulations. This is subject to consideration of mitigation by the Board of Examiners
- Should the placement be failed more than once, a student's registration is normally terminated. If a student feels that there are mitigating circumstances that have affected their performance then they have a right to appeal and this process will be in accordance with the SGUL General Regulations

Safety on Placement

Safety-related issues including self-positioning when treating and safe use of equipment are taught in University and prior to any practice placement the student is assessed for

competency in core manual handling techniques. Reference is made to 'risk assessment' e.g. prior to manual handling, assessment and patient treatment and intervention.

However the practice setting presents additional potential hazards with which students may be unfamiliar and the Practice Educator must highlight high risk areas. With guidance the student must apply reasonable knowledge of departmental health and safety policy to specific patient groups/ conditions (e.g. infection control, moving and handling, equipment, hazard control and risk management).

The University makes recommendations to reduce the risk of a student failing a placement on grounds of unsafe practice:

- During placement induction all students should be informed of local hospital and physiotherapy policies or protocols on safe practice and given the opportunity to clarify any misunderstandings (e.g. policies may differ across settings and placement experiences)
- Whereas the final year student is expected to be able to assess and treat patients safely, the student on their first placement will require more supervision and guidance with safety issues. Irrespective of the student's level there should be clear expectations by the Practice Educator of what is considered safe and unsafe practice and the educator should ensure that the student understands these clearly
- Examples of best and unsafe practice are helpful:
 - Safe practice e.g. policy of 2 therapists in attendance when a patient first practises stairs; carrying out standard checks on patients after electrotherapy (Cross, V. 2001)
 - Unsafe practice e.g. student alone in attendance when a patient first practises stairs; not carrying out standard checks on patients after electrotherapy (Cross, V. 2001)

When potential or actual unsafe practice has been noted, **the student must be advised accordingly**. Where a patient, student or individual is unharmed this can be viewed as a constructive learning experience. The student must understand and appreciate the safety risk, its severity, reflect upon and learn from this and from feedback from their Practice Educator and/ or others. Subsequently they should demonstrate their ability to avoid repeating their 'mistake' and apply good practice. There should be no need for any written warning.

Local trust safety documentation can also guide this process and can be a helpful learning process for the student.

In some situations however a first 'written' warning may be required. There must be documentation of this first warning on both the Managing Challenges on Placement form and the assessment form (Part 1). The student needs to understand in a constructive way the potential of their unsafe practice and what the outcome is if the same unsafe practice is repeated i.e. a final warning or outright 'fail' if a serious breach of safety or harm has taken place.

Should the student make the same mistake a second time despite verbal and written feedback, this warrants a final written warning or, in the case of a serious breach of safety, a fail.

If a student demonstrates unsafe practice in a further but **unrelated** incident, due consideration must be made as to its relevance to the first incident recorded. A second but unrelated incident should not necessarily warrant a final written warning. See point 2 in **checklist** below.

It must be noted that what justifies as unsafe practice can vary between specialities and across different settings. Practice Educators must be confident that their student knows the contraindications to treatments that would otherwise count as unsafe practice e.g. nasal suction for a patient with a fractured skull; and the risks associated with working in certain environments.

The Practice Educator has the final decision on what warrants safe or unsafe practice.

Documentation of forms should be succinct and explicit, highlighting incorrect practice.

Examples of practice that can warrant a 'warning' or 'fail':

- Examples of warnings – in an outpatient musculoskeletal setting – may include:
 - Not recognising and or able to ask the appropriate red flag or special questions during a subjective (despite running through them beforehand)
 - Not knowing the appropriate contraindications to ask prior to treatment e.g. such as electrotherapy or mobilisations (despite running through them)
 - Patient handling and positioning e.g. bed height/ risk of patient falling, poor/ inappropriate handling of limbs
 - Harm coming to a patient after inappropriate moving and handling
 - Using a piece of equipment that has not been shown to the student e.g. Laser
 - Failing to comply with CSP standards in regards to notes, goal setting, including patient/ carers in treatment plans, “documentation is either of poor quality or absent”.
 - Interpersonal skills e.g. lack of feedback to supervisor and continuing to not check they are treating appropriately
 - Unable to leave a student on their own to carry out a subjective and objective (by the end of the placement)
- Examples of warnings – in a ward setting – may include:
 - Not putting correct footwear on patients
 - Not looking at the observation charts prior to assessments
 - Not re-attaching patients to oxygen without prompting
 - Not being aware of precautions/contraindications to treatments
 - Missing patients off a caseload list
- Examples of what may warrant a fail in a ward setting may include:
 - Any of the above repeated after a final written warning has been given
 - Compromising a patient's airway
 - Using a piece of equipment that has not been shown to the student e.g. IPPB, manual hyperinflation and any suctioning equipment without being shown or without the clinical educator being present
 - Harm coming to a patient after inappropriate moving and handling

- Unable to leave a student on their own
 - A combination of different examples of safety issues happening throughout a placement
- Part 1 of the Placement Assessment Form identifies a 'fail' as:
 - Failure to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling, hazard control and risk management)
 - Persistently fails to protect self or use protective equipment correctly
 - Is unaware of or disregards the contraindications of treatment
 - Persistently applies treatment techniques and handling skills in a way which puts patient and/or self at risk
 - Is unreliable in reporting and often fails to tell the educator about adverse findings and/or patient complaints
 - Persists in unsafe practice despite verbal instruction and/or warnings

It may be helpful to refer to a **checklist** to guide the Practice Educator with the process for managing students who are in danger of failing due to unsafe practice.

Checklist

1. Is the student in danger of failing due to safety issues?

- No – no specific action required
- Yes
 - Discuss and feedback to student
 - Contact Link tutor to discuss support strategies and/ or arrange visit. Refer to Danger of Failure form
 - Meet with Link tutor – prior to mid-way visit if required. Action plan agreed between Practice Educator, student and Link tutor
 - Complete Danger of Failure form and distribute to relevant parties
 - First written warning **IF** indicated and document on Part 1 of placement assessment form
 - Student must know outcome i.e. if repeats same incident will receive a written warning or a final 'written' warning (if already received a documented warning) or an outright 'fail' depending on significance of safety breach
 - Discussion of risk assessment
 - Practice Educator to monitor performance and feedback to student and Link tutor

2. Does student demonstrate further unsafe practice?

- No – no specific action required other than positive feedback to student on improved performance
- Yes – **is this different from the first incident?**
 - If distinctly different the process is as above
 - If this is a repeat of the first example of unsafe practice a final warning should be given and documented on Part 1 of the assessment form
 - Further discussion and review of action plan between practice educator, student and Link tutor
 - Discussion of risk assessment

- Monitor performance
3. **Is the same incident repeated a further time?**
- No – no specific action required other than positive feedback to student on improved performance
 - Yes – this warrants either a final written warning or a fail (depending on previous steps in process)
 - As above if a final written warning
 - The Link tutor and university practice placement co-ordinator must be informed
 - All documentation must be completed and agreed by clinical educator and student prior to the student leaving the placement
 - If student fails and are deemed to be unsafe, they must leave the placement
4. **Are there other factors underpinning a student's ability to practise safely?**
- It is possible that communication or learning difficulties may underpin safe practice on placement e.g. poor written, spoken or understanding of English. In this situation it is possible that the placement may have to be terminated on grounds of safety.

It is imperative that any concerns whatsoever regarding communication or professional behaviour are brought to the attention of the Link tutor at the earliest opportunity.

Submission of Placement Assessment Form

It is the student's responsibility to submit the completed original assessment form to the Department of Rehabilitation Sciences. This should be by hand directly into the assessment box (physiotherapy placement specific marked) placed in the Faculty reception, 6th Floor Hunter Wing, St George's Hospital, University of London.

The deadline for submission is **normally 4pm on the Friday following the end of the student's practice placement**. Exact submission dates for each placement are given on pages 11-14.

In exceptional situations the assessment form can be posted via recorded delivery to the programme office for the attention of the Physiotherapy Practice Education Team programme administrator, 6th Floor Hunter Wing, Dept of Rehabilitation Sciences, School of Allied Health, Midwifery and Social Care, Faculty of Health, Social Care and Education Kingston and St. George's, University of London, Cranmer Terrace, London, SW17 0RE. The student must alert the administrator (by email) to the arrival of the form and keep a copy of the recorded delivery details.

Assessment forms submitted after the deadline will be marked as a late submission and the mark will normally be capped at the pass mark, except where the candidate is able to show good reason for the late submission (e.g. mitigating circumstances). The Board of Examiners may, at its discretion, use the full range of marks available for that assessment.