



# PHYSIOTHERAPY

## LEVEL 4 (LEVEL1) CLINICAL PLACEMENT ASSESSMENT

"Please note changes to new level numbers do not affect the assessment criteria or your assessment of the student in any way. They only reflect revised National and European level classification across higher education."

UNIVERSITY .....

STUDENT .....

YEAR OF STUDY

1st  2nd

DATES OF PLACEMENT .....

NUMBER OF DAYS ABSENT .....

REASON .....

CLINICAL EDUCATOR .....

CLINICAL SITE .....

SPECIALITY .....

VISITING TUTOR .....DATE OF VISIT(S).....

University use only	% AWARDED	
	GRADE	

© This assessment form has been collaboratively developed and designed by the Higher Education Institutions highlighted above.

SAMPLE

# CLINICAL EDUCATION PLACEMENT STUDENT INDUCTION RECORD

## Health & Safety

### Duties of Placement Providers

'Under the Health and Safety (training for employment) Regulations 1990, students participating in work experience are regarded as the placement providers' employees for the purpose of health and safety. Providers must therefore ensure, so far as it is reasonably practicable, the health, safety and welfare at work of all their employees'.

*Please note: for any incident affecting the student's health or safety, please attach a copy of the incident form completed.*

On day 1 of the placement the student has been given information relating to:

	Date completed	Educator Initials	Student Initials
• The named person to go to in the event of difficulties			
• Information about the bleep system (where appropriate) and relevant emergency telephone numbers			
• Emergency procedures, including Cardiac Resuscitation Procedures Fire and Security			

Also during their induction period, the following policies and procedures have been made available to the student:

	Date Completed	Educator Initials	Student Initials
• Incident Reporting			
➤ Health & Safety including COSHH			
➤ Manual Handling, Infection Control & Fire			
➤ Harassment and Bullying			
➤ Equal Opportunities			

**NB. This should not replace but be in addition to, the student information pack**

### Record of contact with University

Initiated by:	Person Contacted:	Date and Method:	Response received:

## GUIDELINES FOR CLINICAL EDUCATORS FOR COMPLETING THIS FORM

The assessment of the student's performance is divided into two Parts.

### **Part 1:**

This Part carries no marks but the student's performance must be satisfactory in order to pass the placement. Failure of any objective in Part 1 at any point during the placement will override Part 2 of the assessment and cause the student to fail the placement.

In a situation where there is concern relating to safety or professional behaviour a written warning must be completed and must be signed by both Student and Clinical Educator. A written warning does not constitute failure.

**Please ensure you place a tick in the relevant box and sign and date to indicate pass or fail for each objective in Part 1.**

### **Part 2:**

This Part contains four areas of practice (sections) each of which contributes to the overall grade. These sections comprise:-

Interpersonal Skills	Professionalism	Treatment/Management	Clinical Reasoning
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Learning outcomes have been identified and listed for each section. The learning outcomes indicate what the student should have achieved by the **end** of the placement (**if a particular learning outcome is not applicable it should be recorded as such, signed by the Clinical Educator and disregarded when marking that section**).

Assessment criteria for each learning outcome are also given. You should apply these to the learning outcomes in order to analyse the student's performance and decide upon the mark to be awarded. **You may wish to circle, underline or highlight the criteria that most closely reflect the student's performance.** The Student should receive an indicator within the band which most clearly reflects their achievements in relation to each learning outcome. The overall mark for each section should be determined by the spread of the student's achievements. Please note that for the purposes of this form the word '*routine*' implies the type of patients, specific to the relevant placement, that students at level 1 would be expected to be able to assess or treat. The complexity of these patients will vary depending on the nature and speciality of the placement. Please note also that the First classification band on the assessment form is larger than all the other categories, incorporating 30% of the assessment scale (70-100%). It is therefore expected that **exceptional** students may be graded towards the high end of this scale in comparison to **excellent** or **very good** students, who may still be worthy of a first, may be graded on the lower end of the scale.

Space is provided for both comments and a grade to be recorded at half-way and at the end of the placement (for feedback at half-way a numerical grade is not necessarily required. You may prefer to indicate a band that most clearly reflects the achievements at that stage).

**Please inform the student at the beginning of the placement whether you intend to give a half-way mark, band or only comments.** A numerical grade ***is required*** for each section at the end of placement, again, please write the grade in the relevant box, sign and date each section (the University will calculate the final placement mark).

**General:**

Space for any general comments or recommendations regarding the Student's learning / practice is also provided. This should be completed collaboratively and signed at the end of the placement.

A learning contract is included in the booklet. The learning contract will normally be filled in by the Student and monitored by the Clinical Educator. This is intended to assist both students and clinical staff in identifying individual needs and in planning the progression of the placement. Please be aware that students with identified special needs should be graded by whether they can achieve the learning outcomes only once they have been given the extra support they require.

A record of clinical hours is also included. The university is required to ensure that all students have the opportunity to complete 1000 hours of clinical work. The Student will complete the record but ***please monitor and sign*** that the record is accurate.

SAMPLE

## LEARNING CONTRACT

Learning Outcomes	Resources / Strategies
<p><b>Needs identified following previous placement</b> (to be completed by student prior to placement)</p> <p><b>Strengths</b></p>  <p><b>Weaknesses</b></p>  <p><b>Opportunities</b></p>  <p><b>Threats</b></p>	<p><b>Specific needs which may impact on my learning experience have been identified and discussed.</b></p> <p style="text-align: center;">Yes/No</p> <p><b>Strategies to be implemented include:</b></p>    <p><b>Resources Available in the Department</b> (Identified by discussion with clinical educator)</p>
<p><b>Planned Learning Outcomes</b> (Agreed in discussion with Clinical Educator)</p>	<p><b>How will achievements be demonstrated?</b> (Agreed in discussion with Clinical Educator)</p>
1	
2	
3	
4	
5	

**REFLECTION ON ACHIEVEMENT**

	<b>Half Way</b> (to be completed by student)	<b>End Of Placement</b> (to be completed by student)
1		
2		
3		
4		
5		
6	<b>Additional Needs Identified</b>	
<b>Needs To Be Addressed In Subsequent Placements (SWOT)</b>		

SAMPLE

**PART 1**

**Failure of any objective in Part 1 will override Part 2 of the assessment and cause the student to fail the placement.** If there are concerns relating to the Student's performance in Part 1, please contact the relevant University immediately.

Record of warnings must be completed in situations where there are concerns relating to safety or professional behaviour and must be signed by both Student and Clinical Educator.

Learning Outcome 1	Fail
<p><b>1). Integrates health and safety legislation into physiotherapy practice taking account of local policy and procedures.</b></p>	<p>Fails to apply knowledge of departmental health &amp; safety policy to specific patient groups/conditions (e.g. infection control, moving and handling, hazard control and risk management).</p> <ul style="list-style-type: none"> <li>• Persistently fails to protect self or use protective equipment correctly.</li> <li>• Is unaware of or disregards the contraindications of treatment.</li> <li>• Persistently applies treatment techniques and handling skills in a way which puts patient and/or self at risk.</li> <li>• Is unreliable in reporting and often fails to tell the educator about adverse findings and/or patient complaints.</li> <li>• Persists in unsafe practice despite verbal instruction and/or warnings.</li> </ul>
<p><b>Record of warnings given:</b> Any entries should be dated and signed by both the student and the clinical educator.</p>	

**PART 1: LEARNING OUTCOME 1**      Pass       Fail   
Signed / dated: .....

Learning Outcome 2	Fail
<p><b>2) Demonstrates non-discriminatory practice.</b></p>	<p>May exploit the mutual trust and respect inherent within a therapeutic relationship. Persistently fails to uphold, the rights, dignity and autonomy of patient's, including their role in the diagnostic and therapeutic process</p>
<p><b>Record of warnings given:</b> Any entries should be dated and signed by both the student and the clinical educator.</p>	

**PART 1: LEARNING OUTCOME 2**      Pass       Fail   
Signed / dated: .....



<b>Learning Outcome 3</b> <b>3) Fulfil all responsibilities related to legal ethical and local considerations of professional practice including clinical information (CSP, 2011; HCPC, 2012).</b>	<b>Fail</b> Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Persistently demonstrates poor record keeping. Does not respect patient confidentiality. Poor / or inappropriate standards of dress and/or hygiene. Persists in unprofessional behaviour despite verbal instructions and/or warnings.
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**Record of warnings given:**  
 Any entries should be dated and signed by both the student and the clinical educator.

**References:**  
 Chartered Society of Physiotherapy – CSP (2002) Rules of Professional Conduct, 2<sup>nd</sup> Edition. The Chartered Society of Physiotherapy, London.  
 Health Professions Council – HPC (2008) Standards of Conduct, Performance and Ethics. The Health Professions Council, London.

**PART 1: LEARNING OUTCOME 3**      **Pass**       **Fail**   
**Signed / dated:** .....

**We encourage Clinical Educators and Students to actively use this section throughout the placement. A reminder: If there are concerns relating to the Student's performance in Part 1, please contact the relevant University immediately.**

**Please ensure you have ticked either pass or fail and signed and dated all three learning outcomes in this section. If not completed, you will be contacted by the relevant University to clarify the students pass or fail status for this section.**

For any objective failed, please outline the reasons why in the box below:

Reason for Failure

Signatures of:  
 Clinical Educator:..... Date..... Student:..... Date.....

**PART 2**

**INTERPERSONAL SKILLS – page 1 of 2**

By the end of the placement the successful student will be able to:-

Learning outcome	1 <sup>st</sup> (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 <sup>rd</sup> (40-49%)	Fail (30-39%)	Fail (0-29%)
1) Establish a therapeutic relationship with patient/client, carers and relatives; with awareness of physical, psychosocial and cultural needs.	Consistently establishes therapeutic relationships, respecting the needs and responses of others. <b>Recognises complex situations and responds appropriately.</b>	Establishes therapeutic relationships respecting the needs and responses of others. <b>Recognises complex situations appropriately seeks help and responds to guidance.</b>	Establishes therapeutic relationships having awareness of the needs of others. <b>Usually recognises complex situations and responds to guidance.</b>	Establishes therapeutic relationships and seeks guidance appropriately. <b>Requires support to recognise complex situations.</b> Responds to guidance.	<b>Despite feedback and support, limited ability to establish therapeutic relationships or show awareness of the needs of others.</b> Awkwardness or overconfidence in interactions with <b>limited ability to overcome this.</b>	<b>Despite feedback and support, continually has difficulty in establishing therapeutic relationships or is insensitive to the needs of others.</b>
2) Interact in a professional manner with members of the team.	<b>Initiates and sustains</b> professional relationships with an <b>appropriate range</b> of team members. <b>Proactively</b> seeks feedback.	<b>Initiates and sustains</b> professional relationships with team members. Seeks feedback <b>appropriately.</b>	<b>Interacts professionally</b> with team members. <b>Seeks support to initiate and/or sustain</b> a professional relationship with team members.	<b>Interacts professionally</b> with team members, however may be <b>tentative in seeking help and support.</b>	<b>Despite feedback and support has difficulty in interacting with team members. Limited ability to overcome</b> awkwardness or overconfidence.	<b>Despite feedback and support, continually has difficulty in interacting with team members. Does not overcome</b> awkwardness or overconfidence.
3) Communicate effectively using verbal, non-verbal, listening and writing skills. Adheres to professional standards.	<b>Initiates and sustains effective</b> communication. <b>Recognises and overcomes</b> barriers to communication in <b>most situations.</b> <b>Consistently accurate and concise.</b> Written communication <b>accurate and concise</b> with <b>appropriate</b> use of professional terminology.	<b>Selects and demonstrates effective</b> communication. <b>Appropriately seeks help and responds</b> to guidance in overcoming communication barriers. Written communication is accurate and concise in <b>most circumstances.</b>	<b>Demonstrates effective</b> communication in <b>routine situations.</b> <b>Recognises difficulties and requires guidance</b> to address barriers to communication. Written communication is accurate, <b>requires guidance</b> to be concise.	<b>Demonstrates appropriate</b> communication in <b>routine situations, Requires support</b> to recognise barriers to communication and to address issues. <b>Occasionally inaccurate or inconcise</b> written communication.	<b>Despite feedback and support, limited ability to communicate appropriately in some situations.</b> <b>Despite feedback and support, limited ability to recognise the impact of their communication.</b> <b>Inaccurate or inappropriate</b> written communication.	<b>Despite feedback and support, continually has difficulty in communicating appropriately. Does not recognise impact of their communication.</b> Written communication is <b>inadequate and inappropriate.</b>

Half-way Feedback/ Agreed Half-way Action Plan:	End of Placement Feedback:
Mark Awarded / Signed / Dated:..... <input data-bbox="958 874 1077 970" type="checkbox"/>	Final Mark Awarded / Signed / Dated:..... <input data-bbox="1912 874 2031 970" type="checkbox"/>

**Please ensure that all marks are written in both numerical and word formats  
otherwise this form may not be accepted**

**PROFESSIONALISM – page 1 of 2**

By the end of the placement the successful student will be able to:-

Learning outcome	1 <sup>st</sup> (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 <sup>rd</sup> (40-49%)	Fail (30-39%)	Fail (0-29%)
<b>1) Identify individual learning needs, areas for development and the means for addressing these with effective use of time.</b>	<b>Aware</b> of own learning needs and uses appropriate strategies to further their professional development. <b>Shows initiative</b> and discernment in requesting help. <b>Uses time effectively.</b>	<b>Appropriately and proactively seeks support to either</b> identify own learning needs <b>or</b> develop strategies to further their professional development. <b>Uses time effectively.</b>	<b>Requires support to fully identify</b> own learning needs <b>or</b> develop strategies to further their professional development. <b>Needs occasional prompting</b> to use time effectively.	<b>Needs support or prompting to identify</b> own learning needs <b>and</b> develop strategies to further their professional development. <b>Needs occasional prompting</b> to use time effectively.	<b>Despite feedback and support, limited ability to identify</b> own learning needs. <b>Dependent upon educator</b> to plan for professional development. <b>Prompting required</b> to use time effectively.	<b>Despite significant feedback and support fails to identify and plan for</b> professional development. <b>Prompting required</b> to use time effectively.
<b>2) Reflect on practice and respond appropriately to feedback.</b>	<b>Demonstrates a</b> reflective approach and a critical evaluation to practice. Implements suitable changes in their practice. <b>Consistently responds</b> appropriately to feedback.	<b>Demonstrates</b> reflection and, <b>with guidance</b> , a critical evaluation resulting in suitable changes in their practice. <b>Responds</b> appropriately to feedback.	<b>Usually demonstrates</b> reflection and evaluation of practice. <b>Accepts feedback</b> but <b>may need guidance</b> to alter aspects of practice.	<b>Recognises value of</b> reflection but <b>needs support</b> to evaluate practice. <b>Accepts feedback but requires support</b> to alter practice.	<b>Frequent support required</b> to reflect on practice. Accepts feedback but, <b>despite support</b> , unable to alter practice.	<b>Does not recognise</b> the value of reflection. <b>Despite feedback and support fails to alter</b> their practice and may be defensive or inappropriate.
<b>3) Demonstrate professional behaviour and appearance.</b>	<b>Meticulous</b> professional behaviour and appearance. <b>Integrates well</b> within the practice environment.	<b>Consistent</b> professional behaviour and appearance. <b>Integrates well</b> within the practice environment.	<b>Usually a high standard of</b> professional behaviour and appearance. <b>Integrates</b> within the practice environment.	Behaviour and appearance <b>conforms to required standards.</b> <b>With prompting</b> integrates within the practice environment.	<b>Continual prompting</b> needed to conform to required standards of professional behaviour and conduct. <b>Difficulty integrating</b> within the practice environment.	<b>Despite prompting,</b> behaviour and appearance <b>does not conform</b> to required standards. <b>Unable to integrate</b> within the practice environment.



**TREATMENT / MANAGEMENT – page 1 of 2**

By the end of the placement the successful student will be able to:-

Learning outcome	1 <sup>st</sup> (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 <sup>rd</sup> (40-49%)	Fail (30-39%)	Fail (0-29%)
<p><b>1) Apply assessment and treatment strategies in a timely manner.</b></p> <p><i>(This includes all physiotherapeutic assessment and interventions e.g. hands on or off)</i></p>	<p><b>Consistently able to apply</b> a range of <b>appropriate and effective</b> assessment and treatment strategies. <b>Consistently demonstrates safe, accurate and effective</b> skills in a timely manner.</p>	<p><b>Able to apply</b> a range of <b>appropriate and effective</b> assessment and treatment strategies. <b>Demonstrates safe and accurate</b> skills in a timely manner.</p>	<p><b>Able to apply routine</b> assessment and treatment strategies. <b>Demonstrates safe and appropriate</b> skills.</p>	<p><b>Guidance</b> may be required <b>to apply routine</b> assessment and treatment strategies. <b>Demonstrates safe and acceptable</b> skills.</p>	<p><b>Constant support required to apply routine</b> assessment or treatment strategies. <b>Demonstrates unsafe or unacceptable</b> skills.</p>	<p><b>Despite significant feedback and support is unable to apply routine</b> assessment and treatment strategies. <b>Demonstrates unsafe and unacceptable</b> skills.</p>
<p><b>2) Monitor a patient's response to assessment and treatment strategies, recognising the need to modify management.</b></p>	<p><b>Consistently able to monitor</b> the response to assessment and treatment/ management. <b>Recognises</b> the need to <b>modify management</b> and able to <b>implement appropriate change</b>.</p>	<p><b>Able to monitor</b> the response to assessment and treatment/ management. <b>Recognises</b> the need to <b>modify management</b> and able to <b>implement change</b>.</p>	<p><b>Occasional guidance</b> may be required <b>to monitor</b> the response to assessment and treatment/ management. <b>Recognises</b> the need to <b>modify management, occasionally</b> requiring support to implement change.</p>	<p><b>Guidance</b> may be required <b>to monitor</b> the response to assessment and treatment/ management. <b>Recognises</b> the need to <b>modify management but</b> requires support to implement change.</p>	<p><b>Despite guidance, limited ability to monitor</b> the response to assessment and treatment/ management. <b>Limited ability to modify management</b>.</p>	<p><b>Despite significant feedback and support is unable to monitor</b> the response to assessment and treatment/ management. <b>Unable to recognise</b> the need to <b>modify management</b>.</p>
<p><b>3) Involve the patient/client in the management of their health and well being.</b></p>	<p><b>Consistently engages</b> the patient/client in decisions regarding the management of their own health and well being. <b>Identifies and values</b> the patient/client (and/or carers) role and their beliefs, in the management of their own health and well being.</p>	<p><b>Engages</b> the patient/client in decisions regarding the management of their own health and well being. <b>Identifies and considers</b> the patient/client (and/or carers) role and their beliefs, in the management of their own health and well being.</p>	<p><b>Involves</b> the patient/client in decisions regarding the management of their own health and well being. <b>Identifies</b> the patient/client (and/or carers) role and their beliefs, in the management of their own health and well being.</p>	<p><b>May require prompting to involve</b> the patient/client in decisions regarding the management of their own health and well being. <b>May require guidance to identify</b> the patient/client (and/or carers) role and their beliefs, in the management of their own health and well being.</p>	<p><b>Despite feedback and support, limited ability to involve</b> the patient/client in decisions regarding the management of their own health and well being. <b>Limited ability to identify</b> the patient/client (and/or carers) role and their beliefs, in the management of their own health and well being.</p>	<p><b>Despite significant support does not involve</b> the patient/client in decisions regarding the management of their own health and well being. <b>Despite support does not recognise</b> the importance of the patient/client (and/or carers) role and beliefs.</p>

Half-way Feedback/ Agreed Half-way Action Plan:	End of Placement Feedback:
Mark Awarded / Signed / Dated:..... <input data-bbox="958 954 1079 1050" type="text"/>	Final Mark Awarded / Signed / Dated:..... <input data-bbox="1915 954 2036 1050" type="text"/>

**Please ensure that all marks are written in both numerical and word formats  
otherwise this form may not be accepted**

## CLINICAL REASONING – page 1 of 2

By the end of the placement the successful student will, **with guidance**, be able to:-

Learning outcome	1 <sup>st</sup> (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 <sup>rd</sup> (40-49%)	Fail (30-39%)	Fail (0-29%)
<p><b>1) Select physiotherapy assessment strategies which are appropriate for the patient.</b></p> <p>(with guidance)</p>	<p><b>Consistently able to explain</b> choice of appropriate assessment techniques and supports decisions with relevant evidence. <b>Consistently selects appropriate</b> assessments.</p>	<p><b>Able to explain</b> choice of assessment techniques and supports decisions with evidence. Thought processes are logical and concise. <b>Selects appropriate</b> assessments.</p>	<p><b>Able to explain</b> choice of assessment techniques and offers some supporting evidence. Thought processes are logical but may not be concise. <b>Able to select</b> appropriate assessments.</p>	<p><b>Able to explain</b> choice of assessment techniques in routine situations. Thought processes may not be clear. <b>Able to select</b> appropriate assessments in routine situations.</p>	<p><b>Excessive support required</b> to reason choice of assessment techniques. <b>Even with guidance</b> thought processes remain unclear. <b>Prompting</b> required at most stages of the assessment process.</p>	<p><b>Unable to</b> choose assessment techniques. <b>Despite guidance</b>, thought processes remain unclear. <b>Constant prompting</b> required at all stages of the assessment process.</p>
<p><b>2) Recognise the implications of-clinical features in order to formulate a problem list and identify goals.</b></p> <p>(with guidance)</p>	<p><b>Consistently able to analyse</b> information collected to form appropriate prioritised problem lists. <b>Consistently able to identify and justify SMART goals.</b></p>	<p><b>Able to analyse</b> information collected to form appropriate prioritised problem lists. <b>Able to identify SMART goals in most situations.</b></p>	<p><b>Able to analyse</b> information collected to identify goals and formulate problem lists. <b>Able to identify SMART goals in routine situations.</b></p>	<p><b>Able to use</b> information collected to identify goals and formulate a problem list in <b>routine</b> situations. <b>May not include all aspects of SMART goal-setting.</b></p>	<p><b>Excessive support required to recognise and interpret</b> clinical features, to formulate problem lists and identify goals.</p>	<p><b>Unable to recognise and interpret</b> clinical features to formulate problem lists and identify goals.</p>
<p><b>3) Plan individualised treatment/management programmes for patients.</b></p> <p>(with guidance)</p>	<p><b>Consistently plans</b> individualised programmes. considers all available resources. <b>Able to supports decisions</b> with relevant evidence.</p>	<p><b>Plans</b> individualised programmes. <b>Considers all</b> available resources.</p>	<p><b>Plans</b> individualised programmes in most situations. <b>Able to consider</b> available resources.</p>	<p><b>Plans individualised</b> programmes in routine situations. <b>May not always consider</b> available resources.</p>	<p><b>Excessive support required to plan</b> programmes. <b>Despite guidance</b> unable to individualise. Usually fails to consider available resources.</p>	<p><b>Unable to plan</b> programmes. <b>Does not</b> consider available resources.</p>

\*Definition of SMART goals:

- Specific
- Measurable
- Achievable
- Realistic/Relevant
- Timed



**CLINICAL REASONING – page 2 of 2**

By the end of the placement the successful student will, **with guidance**, be able to:-

Learning outcome	1 <sup>st</sup> (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 <sup>rd</sup> (40-49%)	Fail (30-39%)	Fail (0-29%)
<b>4) Interpret measures to evaluate the outcome of physiotherapy interventions.</b>  (with guidance)	<b>Consistently able to</b> explain results of physiotherapy interventions. <b>Consistently able to</b> evaluate outcome measures.	<b>Able to</b> explain results of physiotherapy interventions. <b>Able to</b> evaluate outcome measures in most situations.	<b>Able to</b> explain results of physiotherapy interventions in <b>most</b> situations. <b>Able to</b> evaluate outcome measures in <b>routine</b> situations.	<b>Able to</b> explain results of physiotherapy interventions in <b>routine</b> situations. <b>May not</b> be able to evaluate outcome measures used.	<b>Excessive support</b> required to explain results of physiotherapy interventions. <b>Unable to</b> evaluate outcome measures used.	<b>Unable to</b> explain results of physiotherapy interventions. <b>Unable to</b> evaluate outcome measures used.
<b>5) Demonstrate clinical reasoning within documentation.</b>  (with guidance)	Documentation <b>consistently</b> reflects <b>clear and ordered</b> clinical reasoning.	Clinical reasoning is recorded in a <b>clear and logical</b> manner.	Clinical reasoning is recorded in a <b>logical</b> order but <b>does not always demonstrate clarity</b> of thought.	Documentation <b>conforms to required standards</b> . Clinical reasoning is <b>not always</b> documented in a <b>clear and logical</b> manner.	<b>Excessive support</b> required for documentation to conform to required standards. <b>Excessive support</b> required to document clinical reasoning.	Documentation does <b>not conform</b> to required standards and <b>does not</b> reflect clinical reasoning.
Half-way Feedback/ Agreed Half-way Action Plan:				End of Placement Feedback:		
Mark Awarded / Signed / Dated:..... <input type="text"/>				Final Mark Awarded / Signed / Dated:..... <input type="text"/>		

**Please ensure that all marks are written in both numerical and word formats otherwise this form may not be accepted**

**RECOMMENDATIONS / ACTION PLAN FOR FUTURE LEARNING / CLINICAL PRACTICE**

This section should be completed collaboratively by the Student and Clinical Educator with the aim of facilitating the student's continuing development (CPD). This should include **strengths and areas for development** which the Student can take forward into their next clinical experience.

***All written comments must be discussed by the Student and Clinical Educator before the document is signed.***



**Signatures of:**

CLINICAL EDUCATOR .....

DATE .....

STUDENT .....

DATE .....

## RECORD OF CLINICAL HOURS COMPLETED

Please ensure all hours and absences are recorded by the Student (+ total hours added up) and signed by the Clinical Educator to show an accurate record of attendance.

**If not completed, you will be contacted by the Student or relevant University to clarify the Student's clinical hours.**

Please note: Lunch breaks are not included as clinical hours.

Please indicate expected hours per week

Date	Hours completed
<b>Week 1</b> / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
<b>Total</b>	
<b>Week 3</b> / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
<b>Total</b>	
<b>Week 5</b> / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
<b>Total</b>	

Date	Hours completed
<b>Week 2</b> / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
<b>Total</b>	
<b>Week 4</b> / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
<b>Total</b>	
<b>Week 6</b> / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
<b>Total</b>	

Final Total

**I confirm that this is an accurate record of the hours completed by the student.**

**CLINICAL EDUCATOR NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_