



PHYSIOTHERAPY

LEVEL 5 (LEVEL2) 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

2nd 3rd 4th

DATES OF PLACEMENT

NUMBER OF DAYS ABSENT

REASON

CLINICAL EDUCATOR

CLINICAL SITE

SPECIALITY

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

REFLECTION ON ACHIEVEMENT

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

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
1). Integrates health and safety legislation into physiotherapy practice taking account of local policy and procedures.	Fails 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). <ul style="list-style-type: none">• 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.
Record of warnings given: Any entries should be dated and signed by both the student and the clinical educator.	

PART 1: LEARNING OUTCOME 1
Signed / dated:

Pass Fail

Learning Outcome 2	Fail
2) Demonstrates non-discriminatory practice.	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
Record of warnings given: Any entries should be dated and signed by both the student and the clinical educator.	

PART 1: LEARNING OUTCOME 2
August 2011

Pass Fail

Signed / dated:



SAMPLE

Learning Outcome 3	Fail
3) Fulfil all responsibilities related to legal ethical and local considerations of professional practice including clinical information (CSP, 2011; HCPC, 2012).	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.

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, 2nd 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 st (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 rd (40-49%)	Fail (30-39%)	Fail (0-29%)
1) Establish a therapeutic relationship, demonstrating sensitivity to the needs of others, having an awareness of physical, psychosocial and cultural needs.	<p>Consistently establishes appropriate relationships, respecting the values, beliefs and practices of individuals. Recognises complex situations including those of personal incompatibility and responds appropriately. Confident and proactive.</p>	<p>Establishes appropriate relationships respecting the values, beliefs and practices of individuals. Recognises complex situations including those of personal incompatibility, appropriately seeks help and responds to guidance.</p>	<p>Establishes appropriate relationships having awareness of the values, beliefs and practices of individuals. Usually recognises complex situations including those of personal incompatibility, and responds to guidance.</p>	<p>Establishes appropriate relationships, occasionally demonstrates awkwardness or overconfidence. May require support to recognise complex situations. Responds to guidance.</p>	<p>Despite feedback and support, limited ability to establish appropriate relationships or show awareness of the needs of others. Awkwardness or overconfidence in interactions with limited ability to overcome this. Fails to recognise complex situations, usually able to recognise routine situations.</p>	<p>Despite feedback and support, continually has difficulty in establishing appropriate relationships and is insensitive to the needs of others. Fails to recognise complex situations and has difficulty with routine situations.</p>
2) Establish appropriate relationships within a team, i.e. health and social care staff and students.	<p>Contributes to the team effectively, building and sustaining appropriate relationships. Anticipates feedback and demonstrates appropriate changes in behaviour.</p>	<p>Contributes to the team effectively. Occasionally tentative in approach to some members of the team. Proactively seeks feedback and demonstrates appropriate changes in behaviour.</p>	<p>Contributes to the team. May require prompting to initiate and/or maintain their role within the team. Tentative in seeking help and feedback, demonstrates appropriate changes in behaviour.</p>	<p>Support required to function as a member of the team. May occasionally show awkwardness or overconfidence. Adjusts behaviour in response to feedback.</p>	<p>Despite feedback and support has difficulty in establishing appropriate relationships with team members. Limited ability to overcome awkwardness or overconfidence.</p>	<p>Despite feedback and support, continually has difficulty in establishing appropriate relationships with team members. Does not overcome awkwardness or overconfidence.</p>

INTERPERSONAL SKILLS – page 2 of 2

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

Learning outcome	1 st (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 rd (40-49%)	Fail (30-39%)	Fail (0-29%)
3) Communicate in a professional manner with patients/clients, relatives, carers and colleagues using; <ul style="list-style-type: none"> • verbal, • non-verbal • listening • writing skills 	Consistently selects and demonstrates an effective communication style. Responds appropriately in overcoming barriers to communication in all situations. Accurate, succinct and assertive.	Selects and demonstrates an effective communication style. Appropriately seeks help and responds to guidance in overcoming barriers to communication. Accurate and concise.	Demonstrates effective communication in routine situations. Recognises difficulties and requires guidance to address complex situations. Accurate and adequately concise.	Demonstrates appropriate communication in routine situations, Requires support to recognise complex situations and to address issues. Accurate, requires guidance to be concise.	Despite feedback and support, limited ability to communicate appropriately in some situations. Despite feedback and support, limited ability to recognise the impact of inappropriate communication. Inaccurate or inappropriate.	Does not recognise impact of inappropriate communication Despite feedback and support, continually has difficulty in communicating appropriately. Communication is inadequate and inappropriate.

Half-way Feedback/ Agreed Half-way Action Plan:	End of Placement Feedback:
Mark Awarded / Signed / Dated:..... <input style="width: 50px; height: 20px;" type="text"/>	Final Mark Awarded / Signed / Dated:..... <input style="width: 50px; height: 20px;" type="text"/>

PROFESSIONALISM – page 1 of 2

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

Learning outcome	1 st (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 rd (40-49%)	Fail (30-39%)	Fail (0-29%)
1) Identify individual learning needs, areas for development and the means for addressing these.	Consistently aware of own learning needs and uses appropriate strategies to further their professional development Shows initiative and discernment in requesting help.	Aware of own learning needs and uses appropriate strategies to further their professional development. Usually shows initiative and discernment in requesting help.	Appropriately and proactively seeks support to either identify own learning needs or develop strategies to further their professional development.	Needs support and/or prompting to identify own learning needs and develop strategies to further their professional development.	Despite feedback and support, limited ability to identify own learning needs. Dependent upon educator to plan for professional development.	Despite significant feedback and support fails to identify and plan for professional development.
2) Develop a reflective approach to practice and respond appropriately to feedback.	Consistently demonstrates reflection and critical awareness resulting in suitable changes in their practice. Consistently responds appropriately to feedback.	Demonstrates reflection and critical awareness resulting in suitable changes in their practice. Responds appropriately to feedback.	Usually demonstrates reflection and evaluation of practice. Accepts feedback but may need guidance to implement change.	Recognises value of reflective practice but needs guidance to evaluate and alter practice. Accepts feedback but requires support to implement change.	Support required to reflect on practice. Accepts feedback but despite support unable to implement change.	Does not recognise the value of reflective practice. Despite feedback and support fails to change their practice and may be defensive or inappropriate.
3) Manage their workload (appropriate to the practice environment), and respond to varying circumstances in a professional manner.	Consistently demonstrates effective management of workload. Consistently uses initiative when responding to varying circumstances.	Demonstrates effective management of workload. Uses initiative when responding to varying circumstances.	Demonstrates management of workload, may require guidance to improve effectiveness. Some guidance required when responding to varying circumstances.	Needs prompting and/or support to effectively manage own workload. Needs guidance when responding to varying circumstances.	Despite support unable to effectively manage own workload. Despite guidance unable to respond to varying circumstances.	Despite significant support fails to accept responsibility for own workload. Approach is inflexible and is unable to adjust to varying circumstances.

PROFESSIONALISM – page 2 of 2

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

Learning outcome	1 st (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 rd (40-49%)	Fail (30-39%)	Fail (0-29%)
4) Demonstrate accountability and knowledge of own professional and personal scope of practice; whilst recognising and acknowledging the contributions of team members to the patient/client centred approach.	Consistently recognises their scope of practice and responds, initiating feedback appropriately. Identifies and acknowledges team members' contributions.	Recognises their scope of practice, appropriately feeds back and seeks advice. Responds to guidance. May be tentative in identifying and acknowledging team members' contributions.	Usually recognises their scope of practice. Feeds back and seeks confirmation to support decisions. Responds to guidance. May require guidance in identifying and acknowledging team members' contributions.	May require prompting to recognise scope of practice. Tentative in feeding back or seeking advice. Requires support to identify and appropriately acknowledge team members' contributions.	Despite feedback and support limited ability to recognise scope of practice. Fails to acknowledge or disrespectful of team members' contributions. Constant prompting needed to provide feedback and seek advice.	Despite feedback and support continually has difficulty in recognising scope of practice or identifying appropriate team members' contributions. Does not recognise limitations, feedback or seek advice.

Half-way Feedback/ Agreed Half-way Action Plan:	End of Placement Feedback:
Mark Awarded / Signed / Dated:	Final Mark Awarded / Signed / Dated:.....

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

TREATMENT / MANAGEMENT – page 1 of 2

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

Learning outcome	1 st (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 rd (40-49%)	Fail (30-39%)	Fail (0-29%)
<p>1) Apply appropriate assessment and treatment strategies, safely and effectively.</p> <p><i>(This includes all physiotherapeutic assessment and interventions e.g. hands on or off)</i></p>	<p>Consistently able to select and apply appropriate and effective routine assessment and treatment strategies. Demonstrates safe, accurate and effective skills. Consistently demonstrates effectiveness in applying transferable skills in the practice environment.</p>	<p>Able to select and apply appropriate and effective routine assessment and treatment strategies. Demonstrates safe and accurate skills. Demonstrates effectiveness in applying transferable skills in the practice environment.</p>	<p>Guidance may be required to select or apply appropriate and effective routine assessment and treatment strategies. Demonstrates safe and appropriate skills. Prompting may be required when applying transferable skills in the practice environment.</p>	<p>Guidance may be required to select and apply appropriate and effective routine assessment and treatment strategies. Demonstrates safe and acceptable skills. Prompting required when applying transferable skills in the practice environment.</p>	<p>Despite feedback and support, limited ability to select and apply appropriate and effective routine assessment and treatment strategies. Demonstrates unsafe or unacceptable skills. Limited ability to apply transferable skills into the practice environment.</p>	<p>Despite significant feedback and support is unable to select and apply appropriate and effective routine assessment and treatment strategies. Demonstrates unsafe and unacceptable skills. Unable to apply transferable skills into the practice environment.</p>
<p>2) Monitor and review the ongoing effectiveness of planned activity, recognising the need to modify management in conjunction with patients/clients or carers.</p>	<p>Consistently able to monitor and review the ongoing effectiveness of assessment and treatment/management approaches. Recognises the need to modify management and the importance of collaboration with patient/client or carer.</p>	<p>Able to monitor and review the ongoing effectiveness of assessment and treatment/management approaches. Usually recognises the need to modify management and the importance of collaboration with patient/client or carer.</p>	<p>Guidance may be required to monitor or review the ongoing effectiveness of assessment and treatment/management approaches. Prompting may be required to recognise the need to modify management, or the importance of collaboration with patient/client or carer.</p>	<p>Guidance may be required to monitor and review the ongoing effectiveness of assessment and treatment/management approaches. Prompting required to recognise the need to modify management, including the importance of collaboration with patient/client or carer.</p>	<p>Despite feedback and support, limited ability to monitor and review the ongoing effectiveness of assessment and treatment/management approaches. Limited ability to recognise the need to modify management, including the importance of collaboration with patient/client or carer.</p>	<p>Despite significant feedback and support is unable to monitor and review the ongoing effectiveness of assessment and treatment/management approaches. Unable to recognise the need to modify management, including the importance of collaboration with patient/client or carer.</p>

<p>3) Ensure the patient/client is central in the management of their health and well being.</p>	<p>Is proactive in engaging the patient/client in decisions regarding the management of their own health and well being. Identifies and values the patient/client (and/or carers) role and their opinions, in the management of their own health and well being.</p>	<p>Engages the patient/client in decisions regarding the management of their own health and well being. Identifies and considers the patient/client (and/or carers) role and their opinions, in the management of their own health and well being.</p>	<p>May require guidance to proactively engage the patient/client in decisions regarding the management of their own health and well being. Identifies the patient/client (and/or carers) role and their opinions, in the management of their own health and well being.</p>	<p>May require guidance to engage the patient/client in decisions regarding the management of their own health and well being. May require guidance to identify the patient/client (and/or carers) role and their opinions, in the management of their own health and well being.</p>	<p>Despite feedback and support, limited ability to engage the patient/client in decisions regarding the management of their own health and well being. Limited ability to identify the patient/client (and/or carers) role and their opinions, in the management of their own health and well being.</p>	<p>Despite significant support does not engage the patient/client in decisions regarding the management of their own health and well being. Despite significant support does not recognise the importance of the patient/client (and/or carers) role and opinion.</p>
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<p>Half-way Feedback/ Agreed Half-way Action Plan:</p> <p>Mark Awarded / Signed / Dated:..... <input type="checkbox"/></p>	<p>End of Placement Feedback:</p> <p>Final Mark Awarded / Signed / Dated:..... <input type="checkbox"/></p>
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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 3

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

Learning outcome	1 st (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 rd (40-49%)	Fail (30-39%)	Fail (0-29%)
1) Demonstrate an awareness of a holistic process of enquiry by undertaking physiotherapy assessment strategies which are appropriate for the patient.	Consistently able to explain choice for appropriate assessment techniques and supports decisions with relevant evidence. Undertakes appropriate, sensitive and flexible assessments.	Able to explain choice for assessment techniques and supports decisions with evidence. Undertakes appropriate and sensitive assessments.	Able to explain choice of assessment techniques and offers some supporting evidence. Thought processes are clear but may require guidance to undertake appropriate assessments.	Able to explain choice of assessment techniques in routine situations. Thought processes may not be clear and may require guidance to undertake appropriate assessments.	Support required to reason choice of assessment techniques. Even with guidance thought processes are unclear. Prompting required at most stages of the assessment process.	Despite support is unable to choose assessment techniques. Despite guidance , thought processes are unclear. Constant prompting required at all stages of the assessment process.
2) Recognise and interpret clinical features to formulate a problem list using the findings from the patient assessment.	Consistently able to analyse information collected to form appropriate problem lists. Draws on evidence to justify prioritisation of problems.	Able to analyse information collected to form an appropriate prioritised problem list. Is able to draw on evidence to explain prioritisation of problems.	Able to analyse information collected to form problem lists in routine situations. May require guidance to prioritise and explain problems.	Able to use information collected to formulate a problem list in routine situations. Requires guidance to prioritise problems.	Support required to recognise and interpret clinical features , to formulate problem lists and to prioritise problems.	Despite support is unable to recognise and interpret clinical features to formulate problem lists and prioritise problems.
3) Set SMART goals (see definition over page) with patients/clients and/or carers as appropriate.	Consistently negotiates and constructs relevant SMART goals in collaboration with all appropriate persons.	Negotiates and constructs relevant SMART goals in collaboration with appropriate persons.	Sets SMART goals; then discusses goals with the patient/client and subsequently modifies.	Sets SMART goals; then discusses goals with the patient/client. Requires prompting to modify following patient/client input.	Support required to set SMART goals. Requires prompting to discuss goals with the patient/client.	Despite feedback and support , goals are poorly designed, non-negotiated, and inappropriate or absent.

CLINICAL REASONING – page 2 of 3

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

Learning outcome	1 st (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 rd (40-49%)	Fail (30-39%)	Fail (0-29%)
4) Plan individualised treatment/management programmes considering available resources.	Consistently plans individualised programmes. Takes into account the availability of resources. Supports decisions with relevant evidence.	Plans individualised programmes. Takes into account the availability of resources. Supports decisions with evidence.	Plans individualised programmes. May require guidance to take into account of all the available resources.	Plans programmes. Requires guidance to individualise and take into account available resources.	Support required to plan programmes. Despite guidance unable to individualise. Usually fails to consider available resources.	Despite guidance and support is unable to plan programmes Does not consider available resources.
5) Select and interpret appropriate measures to evaluate the outcome of physiotherapy interventions.	Consistently selects use of appropriate measures and is able to justify their decision.	Selects use of appropriate measures. Able to justify their decision.	Selects appropriate measures. May require guidance to justify their decision.	Requires guidance to select appropriate measures and to justify their decision.	Despite guidance fails to select appropriate measures.	Despite guidance and support is unable to select appropriate measures.
6) Demonstrate order, clarity and clinical reasoning in documentation.	Documentation is consistently clear and ordered. The process of clinical reasoning is transparent and logical.	Documentation is clear and ordered. The process of clinical reasoning is evident and sound.	May require guidance to improve clarity of documentation. Demonstrates evidence of clinical reasoning.	Requires guidance to improve clarity of documentation. Demonstrates some evidence of clinical reasoning.	Despite guidance documentation is not ordered or clear. Requires support to document clinical reasoning.	Documentation is either of poor quality or absent. Despite support is unable to document clinical reasoning.

Half-way Feedback/ Agreed Half-way Action Plan:	End of Placement Feedback:
Mark Awarded / Signed / Dated:..... <input data-bbox="958 981 1077 1077" type="checkbox"/>	Final Mark Awarded / Signed / Dated:..... <input data-bbox="1917 981 2036 1077" type="checkbox"/>

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

*Definition of SMART goals:

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

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
Week 1 / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
Total	
Week 3 / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
Total	
Week 5 / /	
Mon.	
Tues.	
Weds	
Thurs.	
Fri.	
Total	

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

Final Total

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

CLINICAL EDUCATOR NAME: _____

SIGNATURE: _____