



PHYSIOTHERAPY

LEVEL 6 (LEVEL3) 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 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 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.

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 style="text-align: center;">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)		

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
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

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) Develop a therapeutic relationship demonstrating sensitivity to the needs of others, taking into account physical, psychosocial and cultural needs.	<p>Consistently initiates and maintains appropriate relationships respecting the values, beliefs and practices of individuals. Recognises complex situations including those of personal incompatibility and manages them appropriately and effectively. Confident and proactive.</p>	<p>Initiates and maintains 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>Demonstrates appropriate relationships respecting the values, beliefs and practices of individuals. Recognises complex situations including those of personal incompatibility; Tentative in seeking help but adjusts behaviour in response to feedback.</p>	<p>Demonstrates appropriate relationships but may occasionally demonstrate awkwardness or overconfidence. Usually recognises complex situations including those of personal incompatibility but requires support to address issues. Evidence of behavioural change in response to feedback.</p>	<p>Despite feedback, limited demonstration of appropriate relationships or sensitivity to the needs of others. Awkwardness or overconfidence in interactions with limited ability to overcome this. Requires support to recognise complex situations including those of personal incompatibility.</p>	<p>Despite feedback, continually has difficulty in developing appropriate relationships and is insensitive to the needs of others. Fails to recognise complex situations and has difficulty with routine situations. Does not recognise and/or allows personal incompatibility to interfere with the therapeutic relationship.</p>
2) Initiate and maintain appropriate relationships within a team, i.e. health and social care staff and students, including external agencies.	<p>Consistently contributes to the team effectively. Is confident, proactive and collaborative.</p>	<p>Contributes to the team effectively, building and sustaining appropriate relationships.</p>	<p>Contributes to the team effectively, but can be tentative in approach to some members of the team.</p>	<p>Contributes to the team, but may require prompting to initiate and/or maintain their role within the team. Evidence of behavioural change in response to feedback.</p>	<p>Support required to function as a member of the team. Awkwardness or overconfidence with limited ability to overcome this.</p>	<p>Despite support has difficulty in developing 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 and flexible communication style, modifying as appropriate. Proactive in overcoming barriers to communication in all situations. Assertive, succinct and accurate.	Selects and demonstrates an effective and flexible communication style, modifying as appropriate. Seeks appropriate guidance to overcome barriers to communication.	Demonstrates effective communication in routine situations. Recognises difficulties but may require guidance in complex situations.	Demonstrates appropriate communication in routine situations, Needs guidance to recognise complex situations, evidence of behavioural change in response to feedback.	Despite feedback, communication is ineffective in some situations with limited ability to modify. Despite feedback has difficulty recognising the impact of inappropriate communication.	Despite feedback communication remains ineffective. Explanations / instructions are inadequate or inappropriate. Does not listen attentively and/or make appropriate eye contact. Does not recognise impact of inappropriate communication.

Half-way Feedback/ Agreed Half-way Action Plan: 	End of Placement Feedback:
Mark Awarded / Signed / Dated:.....	Final Mark Awarded / Signed / Dated:.....
<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 50px; height: 30px; border: 1px solid black;" type="text"/>

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 st (70-100%)	2:1 (60-69%)	2:2 (50-59%)	3 rd (40-49%)	Fail (30-39%)	Fail (0-29%)
1) Demonstrate the ability to recognise and take responsibility for their own learning needs and identify areas for future development.	Consistently aware of own learning needs and uses appropriate strategies to further their professional development Proactive in showing initiative and discerning in requesting help.	Aware of own learning needs and uses appropriate strategies to further their professional development Shows initiative and discernment in requesting help.	Able to either identify own learning needs or to take responsibility for own learning. Shows initiative in requesting help.	Seeks guidance to identify their needs and take responsibility for their own learning. Shows some initiative in requesting help.	Support required to identify, plan and evaluate own learning. Limited initiative and/or discernment in requesting help.	Despite significant support fails to identify, plan or evaluate own learning. Does not show initiative and/or discernment in requesting help.
2) Demonstrate reflection and self critical awareness skills and respond appropriately to feedback.	Consistently demonstrates effective reflection and self critical awareness skills resulting in suitable changes in their practice. Consistently responds appropriately to feedback.	Demonstrates effective reflection and self critical awareness skills resulting in suitable changes in their practice. Responds appropriately to feedback.	Demonstrates reflection and evaluation of practice but may need support to alter practice. Accepts feedback and sometimes implements 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 or implement change in practice. Listens to feedback but does not act on it.	Does not recognise the value of reflective practice. Despite feedback and support fails to demonstrate change in practice and may be defensive or inappropriate.
3) Demonstrate self management of workload (appropriate to the practice environment), responding to varying circumstances in a professional manner.	Consistently demonstrates effective prioritisation and management of workload. Consistently uses initiative and is flexible when dealing with unpredictable circumstances	Demonstrates effective prioritisation and management of workload. Uses initiative and is flexible when dealing with unpredictable circumstances.	Is able to manage workload and usually prioritises appropriately. Shows initiative and demonstrates flexibility , but needs some guidance when dealing with unpredictable circumstances.	Recognises need to manage own workload but needs guidance with prioritisation or management. Needs prompting to take initiative, recognizes the importance of being flexible but needs guidance when dealing with unpredictable circumstances.	Support required to prioritise and / or manage own workload. Does not take initiative and does not show flexibility with 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 autonomy, accountability and knowledge of own professional and personal scope of practice whilst acknowledging cross professional boundaries.	Consistently initiates feedback regarding caseload. Consistently recognises limitations and acts accordingly. Identifies and makes appropriate referrals.	Initiates feedback regarding caseload. Recognises limitations and appropriately seeks advice. Identifies and makes appropriate referrals.	Provides feedback regarding caseload, may occasionally require prompting. Recognises limits of own practice and seeks advice. May require guidance to identify need to refer on, but is able to make referrals.	Provides feedback regarding caseload, often requires prompting. Recognises limits of own practice but seeks confirmation to support decisions. Requires guidance to identify need to refer on, but is able to make referrals.	Constant prompting needed to provide feedback regarding caseload. Support required to recognise limitations and make appropriate referrals.	Despite constant prompting fails to provide accurate feedback regarding caseload. Despite support does not recognise limitations or seek advice. Unable to make referrals.

Half-way Feedback/ Agreed Half-way Action Plan:	End of Placement Feedback:
Mark Awarded / Signed / Dated:..... <input type="checkbox"/>	Final Mark Awarded / Signed / Dated:..... <input type="checkbox"/>

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>(Skills includes all physiotherapeutic assessment and interventions e.g. hands on or off)</i></p>	<p>Consistently demonstrates application of a wide variety of appropriate, safe and effective assessment and treatment strategies. Demonstrates accurate skills and is flexible and innovative in their application. Consistently demonstrates effectiveness in transferring and adapting skills to the practice environment and the patient/client needs.</p>	<p>Demonstrates application of a variety of appropriate, safe and effective assessment and treatment strategies. Demonstrates accurate skills and is flexible in their application. Demonstrates effectiveness in transferring and adapting skills to the practice environment and the patient/client needs.</p>	<p>Demonstrates application of appropriate, safe and effective assessment and treatment strategies, but may require prompting to monitor application of interventions. Demonstrates accurate skills. Demonstrates an ability to transfer and adapt skills to the practice environment and the patient/client needs.</p>	<p>Demonstrates the application of appropriate safe and effective assessment and treatment strategies, but requires prompting to monitor application of interventions. Demonstrates acceptable skills. Demonstrates some transference and adaptation of skills to the practice environment and the patient/client needs.</p>	<p>Support required to apply safe and effective assessment and treatment strategies. Does not consistently monitor interventions. Despite prompting demonstrates poor or inflexible skills and has difficulty adapting skills to the practice environment or the patient/client needs.</p>	<p>Despite prompting and support is unsafe and/or ineffective in application of assessment and treatment strategies. Fails to monitor interventions; Skills are unacceptable and/or inappropriate to the practice environment or the patient/client needs.</p>
<p>2) Monitor and review the ongoing effectiveness of planned activity and modify it in conjunction with patients/clients or carers.</p>	<p>Consistently monitors interventions working collaboratively with appropriate persons to continue, change, or cease an intervention. Justifies decisions with reference to patient goals, outcome/objective measures, experience, and available evidence. Implements appropriate strategies when direct intervention stops.</p>	<p>Monitors interventions working collaboratively with appropriate persons to continue, change or cease an intervention. Justifies decisions with reference to patient goals, outcome/objective measures, and available evidence. Implements strategies when direct intervention stops.</p>	<p>Monitors interventions and justifies decisions to continue, change or cease an intervention. May require prompting to work collaboratively with appropriate persons or implement strategies when direct intervention stops.</p>	<p>In routine situations, monitors interventions and justifies decisions to continue, change or cease an intervention, requires prompting in more complex situations. Requires guidance to work collaboratively or implement strategies when direct intervention stops</p>	<p>Support required to monitor routine interventions and to make decisions to continue, change or cease an intervention. Support required to work collaboratively or implement strategies when direct intervention stops</p>	<p>Despite support does not monitor interventions and / or is unable to determine whether to continue, change or stop intervention. Does not recognise the need to work collaboratively or implement strategies when direct intervention stops</p>

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) Justify appropriate physiotherapy assessment strategies to complete a logical and holistic process of enquiry	Consistently able to explain choice for the most appropriate assessment techniques and supports decisions with relevant evidence. Completes comprehensive, sensitive and flexible assessments within a reasonable timeframe.	Able to explain choice for appropriate assessment techniques and supports decisions with relevant evidence. Completes comprehensive and sensitive assessments within a reasonable timeframe.	Able to explain choice of assessment techniques and offers some supporting evidence. Thought processes are clear but may require guidance . Completes appropriate assessments and usually completes within a reasonable timeframe.	Able to explain choice of assessment techniques only in routine situations and offers some supporting evidence. Thought processes may not be clear and may occasionally require guidance . Completes appropriate assessments but struggles to complete within a reasonable timeframe.	Support required to reason choice of appropriate assessment techniques. Poor supporting evidence. Even with guidance thought processes are still sometimes unclear. Inconsistent in completing appropriate assessments and struggles to complete within a reasonable timeframe.	Despite support is unable to rationalise choice of appropriate assessment techniques. Lack of supporting evidence. Despite guidance , thought processes are unclear. Inconsistent in completing appropriate assessments and unable to complete within a reasonable timeframe.
2) Interpret findings from assessment in order to identify the individual's strengths and problems as well as a physiotherapy diagnosis.	Consistently able to analyse and evaluate information collected to form a physiotherapy diagnosis and develop problem lists that are appropriate and collaboratively tailored to the individual. Justifies prioritisation of problems with comprehensive knowledge and skills.	Able to analyse and evaluate information collected to form a physiotherapy diagnosis and develop problem lists that are appropriate, taking into account the patient/client view. Is able to draw on knowledge and skills to justify prioritisation of problems.	Able to analyse and evaluate information collected to form a physiotherapy diagnosis and develop problem lists that are appropriate. May require guidance in non-routine situations either to integrate the patient/client view or to draw on knowledge and skills to prioritise problems.	Able to analyse and evaluate information collected to form a physiotherapy diagnosis and develop problem lists that are appropriate, but may require guidance to integrate the patient/client view and to prioritise problems.	Support required to analyse and evaluate information to form a physiotherapy diagnosis and develop problem lists that are appropriate. Rarely considers the patient/client view. Demonstrates limited knowledge and skills to prioritise problems.	Despite support is unable to analyse and evaluate information to form a physiotherapy diagnosis and develop problem lists. Does not consider the patient/client view. Unable to prioritise.

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%)
3) Set SMART goals (* see definition over page) with patients/clients and/or carers as appropriate	Consistently negotiates and constructs relevant SMART goals with all appropriate persons.	Negotiates and constructs relevant SMART goals 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.
4) Develop specific and effective treatment plans with patients/clients and/or carers as appropriate	Consistently designs and justifies appropriate treatment plans collaboratively with all appropriate persons. Takes into account the availability of resources. Supports decisions with relevant evidence	Designs and justifies appropriate treatment plans collaboratively with appropriate persons. Takes into account the availability of resources. Supports decisions with relevant evidence.	Designs appropriate treatment plans then discusses plans with appropriate persons. May require guidance to justify. Supports decisions with evidence. May not take into account the availability of resources	Selects appropriate treatment plans but thought processes may not be clear and requires guidance to justify. Offers some supporting evidence. May not take into account the availability of resources.	Support required to select appropriate treatment plans. Despite guidance thought processes remain unclear and continually fails to consider available resources. Poor supporting evidence.	Despite guidance and support is unable to select appropriate treatment plans Does not consider available resources or evidence.
5) Select appropriate measures to evaluate the outcome of physiotherapy interventions	Consistently selects and justifies use of appropriate outcome/objective measures and is able to support decisions with relevant evidence.	Selects and justifies use of appropriate outcome/objective measures. Able to support decisions with relevant evidence.	Selects appropriate outcome/objective measures. May require guidance to justify. Offers supporting evidence.	Recognises the value of outcome/objective measures but requires guidance to select appropriately. May offer some supporting evidence.	Aware of outcome/objective measures, but does not recognise their value. Despite guidance fails to select appropriate outcome measures.	Despite guidance and support makes no attempt to select outcome/objective measures. Does not recognise the value of outcome measures.
6) Demonstrate evidence of clinical reasoning throughout documentation	Documentation is consistently concise and systematic . The process of decision-making is consistently transparent and logical .	Documentation is concise and systematic . The process of decision-making is transparent and logical .	May require guidance to be concise or systematic. The process of decision-making is not always transparent or logical.	Requires guidance to be concise or systematic. The decision-making process is not always transparent and logical.	Guidance required to complete documentation. Despite support is unable to demonstrate decision making.	Despite guidance and support documentation is either of poor quality or absent.

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**

*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: _____