Practice Education Handbook 2026-2027

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September 2026

Section 1: Practice Education at the University of Galway

1.1 Introduction

We are delighted that you have decided to be a Practice Educator for the University of Galway. This handbook aims to provide you with the information necessary to manage a Practice Education placement for a student from this university. The contents define the process of practice education and includes teaching and learning approaches. This aims to support you to provide the student with the best learning opportunity possible. We want each placement to be a rewarding experience for both student and practice educator. We are grateful for all those therapists who participated in our Practice Educators' workshops and wish to acknowledge that some of the contents of this handbook are because of discussions that took place on those days.

While all occupational therapy staff at the university have an interest in Practice Education within the context of their teaching, administration, or research duties for the overall course, the Practice Education Co-ordinator has responsibility for Practice Education.

We foster a culture of continuous quality improvement whereby developments in Practice Education are initiated, implemented, and reviewed by the Practice Education Co-ordinator together with colleagues from Practice Education and the students themselves. We will elicit feedback from you and the students after the placement regarding the assessment procedure, level of support from the University etc.

The Practice Education Co-ordinator and the Practice Education Team will incorporate, where applicable, the suggestions and ideas submitted by Practice Educators so that the University can work in partnership with therapists to improve our organisation and implementation of Practice Education placements.

This handbook is constantly being updated.

With best wishes,

Eilish King and Aisling Hill

Lecturers of Occupational Therapy and Practice Education Co-ordinators

1.2 The Practice Education Team

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1.3 Who to Contact at University Regarding a Student on Placement

The Practice Educator can contact the University to gain support, guidance, or information at any point whilst the student is on placement. The person to contact first is the Practice Education Co-ordinator; if s/he is unavailable contact either the Head of Discipline or Course Director or Practice Education administration. Contact details are as follows:

Dr. Sinéad Hynes (Head of Discipline) (091) 495624 sinead.hynes@universityofgalway.ie
Dr. Jackie Fox (Programme Director) (091) 495021 jackie.fox@universityofgalway.ie
Bernie Daly (Practice Education Administrator) otpracticeeducation@universityofgalway.ie

1.4 The Practice Education Team: Titles and Responsibilities

Practice Education Co-ordinator (PEC)
There are 1.5 WTE posts in The University of Galway Occupational Therapy Programme. The PEC is responsible for the preparation and debriefing of students regarding practice education, the sourcing, allocating, monitoring and support of all stakeholders in practice education. The PEC is responsible for the operational management and strategic developments of practice education in the programme.

Practice Educator (PE)
The Practice Educator refers to the occupational therapist (s) who supervise and educate students when they are on placement. These Practice Educators are supported in this role by the other members of the Practice Education Team. The Practice Educator must be a CORU-registered occupational therapist with a minimum of one year's experience. They may work in HSE, private and voluntary services or in private practice. The Practice Educator does not have to be based on the same site as the student but is responsible for supervising and evaluating the student. Students with on-site supervisors in role emerging placements who are not occupational therapists will also have a Practice Educator allocated to them.

Practice Tutors (PT)
These senior grade posts are funded by the HSE and based in Practice Education (clinical) sites to support Practice Educators (managers, senior or staff grade therapists who will be directly supervising students). Currently there is 0.4WTE Practice Tutor at Galway University Hospital and 0.25 WTE in the National Rehabilitation Hospital, Dun Laoghaire, Dublin. Both are employed by the site. These posts are involved in hands-on teaching and supervision of groups of students in one or two sites. They may also complete learning contracts, supervision, and competency assessment forms on behalf of the educators

Regional Placement Facilitator (RPF)

These senior grade posts are funded by the HSE with a role to develop the capacity and quality of placements in a defined geographic area. RPFs support practice educators in the development and provision of student training in HSE services. They also co-ordinate on behalf of the therapy managers/seniors the supply, take-up, and administration of the placement pool in their locality, in liaison with the PEC. For The University of Galway, there is a 0.5 WTE RPF for Sligo, Leitrim, and Donegal; and another 0.5WTE for Longford and Westmeath, both are employed by the HSE.

1.5 Role of the Lecturers in Practice Education

Lecturers at the University are responsible for ensuring that students are familiar with theory needed to guide placements. They introduce students to the skills and techniques needed for placement and ensure that the students develop independent learning skills so that they can make use of learning opportunities and resources. Each student has an occupational therapy lecturer who acts as personal tutor. Personal tutors are available to assist if problems arise during placement.

1.6 Outline of Programme Modules for Years 1- 4 (AY 26-27)

Year	Semester 1 Modules	Semester 2 Modules
1	Human Body Function Human Body Structure Introduction to Psychology Principles for Practice/Fundamentals Enabling Occupation - Mental Health 1	Developmental Psychology (PS118) Enabling Occupation – Physical Disability Forensic Abnormal & Clinical Psychology Enabling Occupation - Mental Health 2 Group work & Professional Skills
2	Communication for Practice Neuroanatomy Neurophysiology Health Psychology Enabling Occupation – Paediatrics Fundamentals of Occupational Therapy 2	**Practice Education 1** Case Study 1 Enabling Occupation – Intellectual Disability Occupational Science Social Policy
3	Evidence Based Practice Standardised Testing Enabling Occupation – Older Adults Cognitive Neuropsychology Community Engagement	**Practice Education 2** Case Study 2 Research Methods Enabling Occupation – Community Practice Community Engagement Neurology
4	**Practice Education 3** (Level 2, Block 1) Case Study 3 **Practice Education 4** (Level 2, Block 2)) Case Study 4	Preparation for Practice Management Research Project

1.7 Overall Requirements of Practice Education at the University of Galway

As an occupational therapy programme approved by the Occupational Therapists Registration Board (CORU), graduates of the Occupational Therapy programme at the University of Galway hold an approved qualification and have the required skills and abilities for entry to the Occupational Therapists. The University of Galway Occupational Therapy programme is subject to regular monitoring and accreditation processes to ensure that the Criteria for Education and Training programmes is met. Quality Assurance processes within the Practice Education programme are outlined in further detail in Section 1.17.

Students undertaking the programme must meet the requirements for Practice Education outlined by the Occupational Therapists Registration Board, (CORU, 2025), the World Federation of Occupational Therapists (WFOT, 2026), and the Association of Occupational Therapists of Ireland (AOTI, 2021).

These requirements include:

- A minimum of 1000 hours of practice education must be successfully completed.
- A minimum of 250 hours must be completed in physical and psychosocial settings respectively.
- Must include experience incorporating a mix of age groups.
- Must include experience incorporating a mix of acute onset, or long-standing health/ support needs
- Must include experience of people with mental health and physical health needs.

Additional information regarding these requirements is available here:
CORU Occupational Therapist Registration Board; Criteria for Education and Training Programmes (2025) (https://www.coru.ie/media/x4tjdioe/coru-placement-guidance-for-education-providers.pdf)

The World Federation of Occupational Therapists (WFOT) Revised Minimum Standards for the Education of Occupational Therapists (2026) (https://wfot.org/resources/new-minimum-standards-for-the-education-of-occupational-therapists-2026)

The Association of Occupational Therapists of Ireland, Minimum standards for practice education in Ireland https://www.aoti.ie/publications

1.8 Placements at the University of Galway

2nd Year (Level 1) placement: One eight-week placement in Semester 2.
3rd Year (Level 1) placement: One eight- week placement in Semester 2.
4th Year (Level 2) placement: Two eight-week (Block 1 & Block 2) placements in Semester 1.

1.9 Placement hours

Placement hours are calculated on 35 hours per week. Refer to Protocol 18 for further information.

Placement	Hours per week	Total
2nd year	8 x weeks@35 hours	280
3rd year	8 x weeks@35 hours	280
4th year Block one	8 x weeks@35 hours	280
4th year Block two	8 x weeks@35 hours	280
Total		**1120**

1.10 Placement Learning Outcomes

2nd year: Practice Education 1

This is the first practice education module and provides the opportunity for students to participate in the delivery of occupational therapy services in a work placement. Students will begin to develop and attain practice competencies as defined by the CORU standards of proficiency.

Learning Outcomes

1. To demonstrate their application of the complete occupational therapy process and of adherence to the scope of practice in the practice education context to a beginner's standard with guidance, direction and supervision from a qualified CORU registered occupational therapist.
2. To demonstrate the application of theory, and clinical reasoning to their practice to a beginner level standard with guidance, direction and supervision from a qualified CORU registered occupational therapist.
3. To demonstrate adherence to professional standards, including the ethical, legal, and work based policies when working with in a work placement to practice standard with guidance, direction and supervision from a qualified CORU registered occupational therapist.
4. To demonstrate being a self-directed learner who maximises opportunities to seek information to maximise the quality of service to the service users in this practice context to beginner's standard.
5. To demonstrate progression of practice competence in relation to skills, knowledge, attitude and behaviour in accordance with the CORU standards of proficiency.

3rd year: Practice Education 2

This is the second practice education module and provides the opportunity for students to participate in the delivery of occupational therapy services in a work placement. Students will build on their previous learning in practice education placement and continue to develop and attain practice competencies as defined by the CORU standards of proficiency.

Learning Outcomes

1. To demonstrate their application of the complete occupational therapy process and of adherence to the scope of practice in the practice education context to an intermediate standard under the guidance and supervision from a qualified CORU registered occupational therapist.
2. To demonstrate the application of theory, evidence-based practice and clinical reasoning to their practice to an intermediate standard under the guidance and supervision from a qualified CORU registered occupational therapist.
3. To demonstrate adherence to professional standards, including the ethical, legal, and work based policies when working within a work placement to practice standard under the guidance and supervision from a qualified CORU registered occupational therapist.
4. To demonstrate being a self-directed learner who maximises opportunities to seek information to maximise the quality of service to the service users in this practice context to an intermediate standard.
5. To demonstrate progression of practice competence in relation skills, knowledge, attitude and behaviour in accordance with the CORU standards of proficiency.

4th year: Practice Education 3 and 4

This is the third practice education module and provides the opportunity for students to participate in the delivery of occupational therapy services in a practice education placement. Students will build on their previous learning in practice education placements and at the end of the placement evidence their attainment of practice competencies as defined by the CORU standards of proficiency.

The fourth practice education module includes an eight week practice education placement. Students will build on their previous learning in practice education placements and at the end of the placement evidence their attainment of practice competencies as defined by the CORU standards of proficiency.

Learning Outcomes

1. To demonstrate their application of the complete occupational therapy process and of the adherence to the scope of practice in the practice education context to a practice standard under the supervision from a qualified CORU registered (or equivalent) occupational therapist.
2. To demonstrate the application of theory, evidence-based practice and clinical reasoning to their practice under the supervision of a qualified CORU registered (or equivalent) occupational therapist.

3. To demonstrate adherence to professional standards, including the ethical, legal, and work based policies when working in a work placement to practice standard under the supervision from a qualified CORU registered (or equivalent) occupational therapist.
4. To demonstrate being a self-directed learner who maximises opportunities to seek information to maximise the quality of service to the service user in this practice context to a practice standard.
5. To demonstrate attainment of practice competence in relation to skills, knowledge, attitude and behaviour in accordance with the standards of the CORU standards of proficiency.

1.11 Contribution of Practice Education to Final Degree Classification

All Practice Education placements must be passed to be awarded the degree B.Sc. (Hons.) in Occupational Therapy at The University of Galway. As Practice Education is not marked or graded, Practice Education does not contribute to the final degree classification.

1.12 Consequences of Failing a Placement

Students who fail one placement may repeat that placement in a different clinical venue but in the same area of practice. Students cannot progress to the next academic year unless their placement is passed. Repeat placements typically occur in the summer months (see Protocol 37). Students who fail more than one placement cannot repeat that placement and cannot graduate as an occupational therapist from the University of Galway.

1.13 Timetabling of Practice Education in the B.Sc. (Hons.) Occupational Therapy Programme

4OT BLOCK 1: Aug 24th - Oct 16th 2026
4OT BLOCK 2: Oct 27th - Dec 18th 2026
2OT: Jan 11th - Mar 5th 2027
3OT: Mar 8th – April 30th 2027

August '26						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September '26						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October '26						
S	M	T	W	T	F	S
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November '26						
S	M	T	W	T	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December '26						
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		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January '27						
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February '27						
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March '27						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April '27						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

1.14 Roles and Responsibilities of Practice Educators, Students and the Practice Education Team during placements

	Educator	Student	Practice Education Co-ordinator
Before Placement	Sign the University of Galway Checklist/agreement form and return to the University. Attend pre-placement briefing/review training materials. Complete a site profile. Read the Practice Education Handbook and the CORU standards of proficiency. Prepare an orientation for the student. Update student induction folder Familiarize with the assessment form and student assignments. Organise cover for any planned absence. Send the site profile to the student	Complete all the requirements to attend placement Complete Placement passport and letter of introduction and send to the Practice Educator by the due date. Read the Practice Education handbook and the CORU standards of proficiency. Read the CORU and AOTI codes of professional conduct. Read the site profile and complete pre-readings for the placement. Develop a draft learning contract.	Prepare the student for Practice Education. Provide information to the Practice Educator on the student and expectations of placement. Provide information on Garda Clearance, insurance, and assessment. Provide the University of Galway agreement. Complete and forward reasonable adjustment plan if needed
First Week of Placement	Orient the student to the setting. Negotiate and agree a learning contract. Establish weekly supervision Provide learning opportunities for the student, provide feedback on strengths, next step and expectations of the placement. Set weekly learning objectives.	Attend placement in appropriate dress. Negotiate and agree a learning contract. Maximize all learning opportunities. Ask questions Prepare for supervision/respond to feedback	Maintain Canvas contact with all students.
Half-way	Complete the halfway report. Contact the University if student not progressing. Review and maintain the learning contract. Provide learning opportunities for the student, provide feedback on strengths, next step and expectations of the placement. Set weekly learning objectives.	Complete the half-way report. Review and maintain the learning contract. Listen to feedback and continue to maximize opportunities for competency development. Prepare for supervision.	Provide support via phone, email, skype or a site visit to both student and educator.
End of Placement	Complete final assessment. Meet with student and discuss report contents. (If keeping a copy of the competency assessment form, obtain consent (see template). Complete post placement feedback.	Complete the final assessment. Students can be asked to self-evaluate prior to students final marking. Thank educator for taking you as a student. Students can ask their educator to keep a copy of their assessment form for the purpose of providing a reference; refer to Protocol & template copies of supervision forms are to be held in the student portfolio.	Collate final reports at the University.

		Return the completed practice education assessment form in accordance with instructions provided by the PEC.	
After Placement	Complete feedback form and return to The University of Galway.	Complete feedback form and return to The University of Galway. Attend compulsory debriefing.	Collate feedback form and return to Practice Educators. Review feedback for quality improvements

1.15 An overview of expected student performance at each stage of placement

Level	Year 2 Level 1 Placement	Year 3 Level 1 Placement	Year 4 Level 2 Placement(s)
Purpose of Placement	Practice	Practice and developing competency	Practice and Competency
Competency Level	Emerging	Consolidating	Competent
Supervision	Educator: direct active supervision of student.	Facilitator: Collaborative approach to supervision of student.	Mentor: Consultative approach to supervision of student.
Application of theory	Student discusses how theory is applied using one OT model/frames of references/treatment approaches.	Student can evaluate different models and defend the choice of a chosen model, apply it in practice with frames of reference and treatment approaches	Student can defend and critically analyse the selection of models of practice applied in practice, as well as identifying the frames of reference and treatment approaches using best practice/evidence/ expert opinion or other relevant resources
Students Autonomy	Guided participation	Developing autonomy in routine tasks	Autonomous on allocated tasks, seeks guidance and supervision. Contributes to developments
Clinical Reasoning	Student listens and questions/explores educator's reasoning	Students participates in clinical reasoning discussions	Student takes Unprompted lead on clinical reasoning discussions for exploration of alternatives and confirmation of decisions
Reflection	Reflect on what did go well and not so well, develop a plan	Reflect on self and others in events. Bring in best practice, develop a plan	Reflect on events: performance, thinking and problem solving, bring in evidence-based practice and theory. Develop personal learning plans.
Competency Attainment	Developing basic skills	Demonstrating skills in both reasoning and performance	Prepare to enter work as a competent, critical and reflective practitioner

1.16 An overview of educational approaches recommended to support student learning at each stage of placement

Level	2nd Year (Level 1)	3rd Year (Level 1)	4th Year (Level 2)
Focus of Placement	Acquisition of basic practice skills	Developing and consolidating competence and skills	Integration of skills and demonstration of competence to graduate, meeting the CORU standards of Proficiency
Educational Approach	Educate and provide opportunities for practice.	Facilitate guided participation in practice skills, students learn through learning by doing.	Relinquish control, allow student to develop and show competence and autonomy.
OT Practice	Student begins to participate in all aspects of practice. Increase challenges in routine situations, and allow students to take responsibility caseload under supervision for straightforward, routine clients/patients	Student participates in all aspects of the OT Process. Set expectations that the student must begin to take responsibility for clinical decisions. Facilitate the student to deliberate on the complexities of practice and the role of the MDT/others. Trust the student with independent tasks and basic case management.	Student to organize, lead, choose assessments/interventions under supervision. Evaluate performance collegially. Allow to manage a caseload and identify strategies for managing complexity. Student to work collaboratively with other professionals /MDT and evidence person centred care.
Feedback.	Provide a mix of direct feedback and asking student to identify what went well and what were the challenges.	Ask student to self-evaluate by stating what went well, what did not go well and what they would do differently next time. Facilitate this discussion and provide feedback on gaps identified	Ask student to reflect and self-evaluate before giving direct and specific feedback.
Reasoning	Use narratives and case stories and discuss options (get students to choose correct options) for clinical decisions.	Use narratives and case stories but prompt student to identify their reasoning by asking them to describe, explore/discuss options or alternatives to interventions.	Provide expectations that students will instigate clinical reasoning discussions pre and post client interventions

Theory	Ask the student to report on a model or theories that may apply to clients in this practice context. Discuss their choice and give guidance.	Ask student to analyse and present on an application of a model / theory relevant to a chosen client in this setting. The students should be able to compare and contrast models and argue for the relevance of their choice and apply the model and theories to practice standard.	Set expectations that a model of practice and theory will be or was applied to clients and give time for student to defend their choice and how it was applied in practice. Set expectations that best practice, research or opinion must be discussed in their defence of their choice.
Evidencing Learning	Ask students to tell you why a task is being completed / approached in a certain way.	Prompt student to communicate their thinking in pre and post intervention including possible options for the next action. Have discussions that allows the student to demonstrate their learning. Encourage students to seek out learning opportunities and report back.	Expect the student to report on their thinking (options and choices), reflections, and self-evaluation of performance. Facilitate critical evaluation of their performance and identified plans to for improvements.

1.17 Quality Assurance Processes in Practice Education

Occupational Therapy Practice Education in the University of Galway is underpinned by quality assurance processes in accordance with regulatory and accreditation requirements of the Occupational Therapists Registration Board (CORU), Association of Occupational Therapists of Ireland (AOTI) and World Federation of Occupational Therapists (WFOT) requirements. Regular monitoring of the programme assists in maintaining the quality of practice education, and the occupational therapy programme.

In addition, the occupational therapy practice education programme is guided by the National health and Social Care Professions Quality Framework for Sustainable Practice Education (2021).

This framework emphasises the importance of:

- University of Galway collaboration with key stakeholders in delivery of practice education
- Robust governance structures supporting practice education
- Provision of a suitable learning environment for practice education
- High quality student preparation processes for placement
- Professional development opportunities for practice educators
- Capacity building to meet current and future practice education needs.

The Quality Framework for Sustainable Practice Education team developed a suite of evaluation tools for Higher Education Institutions, Practice Educators, and students in order to support ongoing quality assurance and improvement processes. These tools will be utilised following each placement block to support quality assurance of practice education.

The University of Galway has a number of mechanisms in place to ensure promote quality assurance of practice education placements throughout the placement process. This includes:

Quality Assurance processes prior to practice education placement

- **Student learning and preparation for placement**. Students undertake practice education preparation lectures, mandatory pre-placement training courses (e.g. via HSE Land) in preparation for practice education placements. Attendance requirements are in line with other academic requirements of the programme.

- **Practice Educator Training and preparation for placement**. Practice Educators are supported in preparation for placements via Inter-University practice education training for occupational therapists that is offered three times yearly. Furthermore, comprehensive pre-placement briefings are provided for practice educators in advance of placement to ensure all parties are familiar with placement and assessment processes, and student supports during placement.

- **Placement Site Agreements**. The University of Galway and the placement site complete placement site agreements in advance of placements to ensure good governance processes for placement.

- **Placement offer allocation and agreement forms.** Practice Educators who are facilitating practice education placements complete a pre-placement allocation and offer form confirming that the Practice Educator and practice site meet the requirements to support student placements.

Quality Assurance processes during practice education placement

- **Weekly contact with students**. The Practice Education Team maintains weekly contact with students throughout their practice education placement to ensure clear lines of communication and timely provision of supports to students during their placement.

- **Weekly contact with Practice Educators**. The Practice Education Team maintains weekly contact with Practice Educators throughout their practice education placements to maintain communication and promote clarity on expectations of student performance, at different stages of placement.

- **Halfway calls**. Practice Educators and students may choose to avail of halfway calls to support reflection and formulation of plans to support student learning at the midway point of placement.

Quality Assurance processes after practice education placement

- **National Interprofessional Practice Placement Education Tools (NIPPET)** are shared with Practice Educators and students post placement, in order to support quality assurance and feedback processes post- placement.

- **Post placement de-briefing**. Students and/or Practice Educators may choose to avail of post-placement briefing to support reflective learning and planning for future placement experiences.

Further information is available here:
Hills, C., McMahon, S., Quigley, D., & Bennett, A. (2021) The National Health and Social Care Professions Quality Framework for Sustainable Practice Education. Galway: HSE, National Health and Social Care Professions Office. https://www.ucd.ie/phpss/t4media/HSE-HSCP-Quality-Framework-Tools-Section-6.pdf

1.18 Requirements to be a University of Galway Practice Educator

Requirements to facilitate placements for University of Galway occupational therapy students are guided by the regulatory requirements of the Occupational Therapy programme (i.e. the Occupational Therapists Registration Board, the World Federation of Occupational Therapists, and the Association of Occupational Therapists of Ireland).

- Practice Educators must have a minimum of one year (or more) post qualification experience as an occupational therapist.

- Practice Educators must be CORU-registered occupational therapists.

Agreement to fulfil the role of Practice Educator

As a practice educator, I agree to:

a) Provide a site profile to the student with suitable pre-reading and preparation information that details the service.
b) Ensure that unsupervised presence of students in clinical areas (for example unaccompanied students seeing patients to practice hands on examination skills) is avoided or is very carefully controlled.
c) Ensure that student(s) and teacher(s)/educator(s) presence in clinical areas is limited to events/time that have a specific focus on student education so that students are not present in clinical areas without a specific purpose.
d) Ensure that no more than six people present for bedside teaching and similar situations, there should be no more than six people present at one time (including students, teachers/educators and patient). In procedure/operation rooms there should be no more than one student at a time.
e) Ensure that students and teachers/educators will be "bare below the elbows/bare above the wrist" when in clinical areas.
f) Be familiar with the Occupational Therapists Registration Board (CORU) standards of proficiency prior to the placement.
g) Discuss, agree and provide any accommodations for student disabilities as detailed in the reasonable adjustment plan provided by the university.
h) Read the Booklet on the requirements of the placement.
i) Provide orientation for the student to the department, team and service.
j) Provide an induction on all work practices and expectations with regard to infection control.
k) Provide a safe working environment to the student and provide them with the appropriate policies and procedures relevant to your working environment.
l) Negotiate and review a learning contract with the student that is operational throughout the placement.
m) Provide regular feedback to the student on their progression towards the attainment of competencies and the CORU standards of proficiency.
n) Provide weekly supervision that is documented and signed by both student and educator.
o) Facilitate the student in the provision of 3 hours study leave per week.
p) Educate the student in the practice context, maintaining standards as set by AOTI, CORU and your employer.
q) Ensure that client/patient consent is obtained for student participation in their intervention/treatment.
r) Countersign any contributions the student makes to the service user's health care record, completion of reports, referrals or session plans.
s) Enable the student to participate in interprofessional or multi-disciplinary communications or working.
t) Provide access to resources appropriate to student learning in this practice context
u) Provide opportunities for the student to practice within their abilities in the practice context.

v) Encourage the student to self-evaluate and identify their strengths and issues to be worked on.
w) Complete and sign a half-way report.
x) Contact the University Practice Education Coordinator in a timely manner if concerns are identified about any aspect of the student performance.
y) Complete a halfway and final report with the student, sign it and return the documentation to the University and sign off on students hours on placement (includes three hours study, excludes bank holidays, lunch breaks or student remaining at work completing non-essential work tasks).
z) Complete and return a feedback form to the University.

1.19 Practice Educator Training and Preparation to take a student

Practice Educators are encouraged to avail of training opportunities in preparation for supporting a student placement. Introductory practice education training for occupational therapists is facilitated at an inter-university level, at three points of each year.

Training content includes:

a) Supporting student learning through learning objectives
b) Feedback and supervision of students
c) Assessment of students on placement
d) Management of underperforming students

In addition, a pre-placement briefing for Practice Educators who are facilitating student placements for University of Galway Occupational Therapy students is held prior to each placement block. This briefing focuses on policies and procedures specifically related to supporting placements for University of Galway Occupational Therapy students:

a) The Occupational Therapy Programme at The University of Galway
b) The Competency Assessment Form and the CORU standards of proficiency
c) Academic assignments related to practice education
d) Practice Education resources

1.20 Competency Assessment and Practice Education

Students are assessed using the University of Galway Competency Assessment Form. This form was developed with the Occupational Therapy Programme at Trinity College Dublin.

Level One: Second and Third Years:

Level Two: Fourth Years:

Copies of the forms are available on the Practice Education website:
https://www.universityofgalway.ie/medicine-health/allied-community-health/disciplines/occupational-therapy/practiceeducation/practiceeducatorresources/

Guidance on completing the forms and the mapping of content to the CORU Occupational Therapy Standards of Proficiency can also be found on the Occupational Therapy Website:

https://www.universityofgalway.ie/medicine-health/allied-community-health/disciplines/occupational-therapy/practiceeducation/

Additional detailed guidance on completing the assessment forms is outlined in **Fact sheet 2**.

1.21 Practice Education Process at the University of Galway

This is the standard administrative and assessment pathway that OT students and their practice educators followed during clinical placements at University of Galway.

Section 2: Practice Education Protocols

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Discipline of Occupational Therapy

PROTOCOL 1: Student Preparation for Placement

Related forms	Form 1 Placement Passport
Purpose of Protocol:	Defining the content of mandatory student preparation for Practice Placement
Scope:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
Definition:	To ensure Students are prepared for placement

Protocol

- All students must engage in preparation for practice placement activities. These are fully listed in the practice education preparation module guides.
- The Placement Passport must be fully completed and sent to the allocated Practice Educator prior to placement.
- A Learning contract must be completed in draft for the first day of placement.
- Students who do not complete all learning tasks and evidence completion of all tasks will not be permitted to attend placement.

Essential preparations include:

- Mandatory attendance and certification for pre-placement training in Manual Handling, Infection control, and Handwashing competency in 2nd year
- Adherence to Immunisations – See Protocol 3 with submission of documentation
- Completion and submission of HSE Land courses certificates
- Completion and submission of all requested Certificates and Forms
- Current Garda Vetting clearance in alignment with Protocol 2 'Garda Vetting and Student Placement'
- Creation of reasonable adjustment plans, where applicable
- 80% attendance at practice education classes
- Completion and submission of placement documents
- Completion of pre and post class designated learning activities

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Discipline of Occupational Therapy

PROTOCOL 2: Garda Vetting and Student Placement

Related forms	Form 2 Consent for Discipline of Occupational Therapy to forward Garda Vetting to Placement Site.
Purpose of Protocol:	Defining the expectations for Garda vetting for University of Galway Placements
Scope:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
Definition:	To ensure compliance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and its subsequent amendments

Protocol

1. The National Vetting Bureau (Children and Vulnerable Persons) Act 2012 stipulates that a written agreement has to be in place between The University of Galway and the placement provider in line with section 12(3A) of the Act. Per the agreement, The University of Galway undertakes to apply for Garda Vetting from the National Vetting Bureau in respect of the students, on its own behalf and on behalf of your organization
2. The Administrator responsible in the School of Allied and Community Health will ensure that a written agreement with the placement site/organisation has been completed. This is an agreement between the University of Galway and the organisation that allows the University to be compliant with the enactment of National Vetting Bureau (Children and Vulnerable Persons) Act 2012.
3. Garda vetting is completed as part of the students' admissions procedure and is administered centrally by the Admissions office. Checks are made that all students have completed vetting.
4. Students complete Garda vetting in Year One and at the end of Year Three as vetting needs to be renewed every three years. Students who are successfully vetted are asked to sign and submit a permission statement (Form 2) allowing the results of the Garda vetting process to be shared with the placement site/practice educator/s.
5. Students must present for in-person verification of documents as part of the Garda vetting process in both 1st and 3rd year of the Occupational Therapy programme. These meetings will be scheduled by the Compliance Officer in the School of Allied and Community Health. Verification can also be completed with the Garda Vetting Desk in Áras Ui Chatháil.
6. A letter is sent to the placement site confirming that vetting has been completed in advance of the placement.

7. If there are any concerns regarding fitness to practice, this is managed currently with the head of programme and head of school, and the University Fitness to Practice committee https://www.universityofgalway.ie/media/registrar/docs/policiesmay2023/QA232-Fitness-to-Practice-(5)-May-23.pdf
8. Students must complete their vetting in advance of placements.
   A student will not be permitted to attend placement without current Garda Vetting and submitted form to permit the sharing of garda vetting information. Please see Garda Vetting Power Apps MANUAL (Students version).pdf

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Discipline of Occupational Therapy

PROTOCOL 3: Student Health Screening and Immunisations for Student Placement

Related forms	Form 1 Placement Passport
Purpose of Protocol:	To provide information to students on expected immunisations to be completed prior to placements
Scope:	Occupational Therapy Students of The University of Galway.
Definition:	Vaccinations for immunity

Protocol

- Students have a responsibility for their own health. They are equally responsible for the safety and health of those that they will meet when working on placement. Students therefore have a responsibility to meet the immunisations standards listed below.
- Students must record their immunisation history on the Placement Passport.
- According to the National Immunisation Advisory Committee (Chapter 4 on health care workers- including medical, nursing and allied health (Health and social care professions students) the following immunisations must be completed prior to placement. This document states that:

BCG: At present, no licenced BCG vaccine is available in Ireland. Advice will be provided when adequate supplies are available.

Hepatitis B: All Health Care Workers, both clinical and non-clinical, who have direct patient contact should be immune to Hepatitis B. Acceptable levels of immunity are Anti HBs titre >10mIU/ml. If a low response is confirmed by 2 different assays, administer a booster dose. There is no need to retest the anti HBs level. If a Health Care Worker has not been vaccinated, a course of Hepatitis B vaccination should be given. Anti-HBs levels must be checked two months after the final dose. If a Health Care Worker is at high risk has been fully vaccinated against Hepatitis B and their response is unknown, their anti HBs should be measured. If anti HBs titres are below recommended levels, a booster dose of Hepatitis B vaccine should be given and anti HBs titre checked 2 months later. If there is no increase in the anti HBs titre, refer to Chapter 9 for further advice.

Influenza: All Health Care Workers must be offered seasonal influenza vaccination annually (This may not relate to students so they must get themselves vaccinated).

Measles, mumps and rubella: All Health Care Workers, both clinical and non-clinical, who have direct patient contact, should be immune to measles, mumps and rubella. This applies to roles in which: a) work requires face-to-face contact with patients, or - normal work location is in a clinical area such as a ward, emergency department or outpatient clinic, or b)

work frequently requires them to attend clinical areas. Presumptive evidence of immunity to measles is written documentation of vaccination with 2 doses of MMR vaccine at least 1 month apart or serological evidence of prior measles exposure (i.e. detectable measles specific IgG in blood) from an Irish National Accreditation Board (INAB) accredited laboratory.

Presumptive evidence of immunity to mumps is written documentation of vaccination with two doses of MMR vaccine at least 1 month apart.

As the clinical interpretation of mumps serology post-vaccine can be challenging, detectable mumps IgG at a single time-point is not considered sufficient evidence for immunity. Administration of two doses of MMR vaccine is preferred to repeat serological testing.

Presumptive evidence of immunity to rubella is written documentation of vaccination with one dose of live rubella or MMR vaccine or laboratory evidence of immunity (serum rubella IgG >10 IU/ml); equivocal results should be considered negative.

Health Care Workers without satisfactory evidence of protection against measles or mumps require 2 doses of MMR vaccine at least 28 days apart. Those without satisfactory evidence of protection against rubella require 1 dose of MMR vaccine.

Pertussis A: A booster dose of Tdap is recommended for Health Care Workers who are in contact with infants, pregnant women or the immunocompromised. Follow up booster injections are as recommended in Chapter 15.

Varicella: All Health Care Workers who have direct patient care both clinical and non-clinical should be immune" (National Immunisation Advisory Committee, 2017)

For more information see
https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/

1. Upon entry to the Occupational Therapy programme, first year students must complete a full Occupational Health Pre-Placement Health Assessment, including vaccination schedule as determined by the Student Health Unit. Without acceptable level of vaccinations, students will not be permitted to attend placement.
2. Students must also add all the relevant details to their placement passport.
3. While students do not have to show evidence of vaccinations for Tuberculosis, if their practice educator is to work with a patient with this diagnosis, it is a duty of care that the student provides information regarding their immunisation history.
4. Students who have not attended or co-operated fully with this process will not be permitted to commence clinical placement.

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PROTOCOL 4: Disclosure of disability and reasonable accommodations on placement

RELATED FORMS	Form 4 Reasonable Adjustment Plan
PURPOSE OF PROTOCOL:	Defining the expectations of students and Practice Educators at The University of Galway.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	The University is required to provide reasonable accommodations in order for students with disabilities to complete placement (Employment Equality Acts (1998-2011), Disability Act (2005), Equal Status Acts (2000-2011), Health Safety and Welfare at Work Act (2005

PROTOCOL

- This protocol applies to students registered with the Disability Service at the University of Galway. Registration with the disability service is required in order to determine appropriate accommodations for placement. The Practice Education Coordinator will invite the student who are registered with disability services to attend a meeting with a member of Disability services, to complete a reasonable adjustment plan.
- The plan will be agreed and a final draft provided to the student. There is no onus on the student to disclose any diagnosis/es.
- The student must confirm agreement or propose amendments to the reasonable adjustment plan by the due date given.
- The student has the responsibility to share the plan with their practice educator and to discuss and implement the plan on the placement. Amendments can be made to the plan if they are agreed by both parties and are reasonable to the practice in that setting.
- Students who are going on a second placement, will be asked if amendments are required to plans. Final agreed plans can be forwarded without another meeting.
- Students who choose not to provide a reasonable adjustment plan do so in the knowledge that they may be at risk of failure as accommodations will not be in place.

NB. For information this is a useful link to supporting students on placements
https://www.universityofgalway.ie/disability/studentinformation/placement/

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PROTOCOL 5: Student Confidentiality Agreement

RELATED FORMS	Form 5: Student Confidentiality Agreement
PURPOSE OF PROTOCOL:	Defining the expectations of students and Practice Educators at The University of Galway.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Maintaining confidentiality of personal data on placement and when completing university case study

PROTOCOL

1. Students must complete the HSE Land GDPR online course prior to starting practice education placement. Students must apply this learning to placement. Students who have not completed this training may not attend placement.
2. Before placement students will read and complete the Student Confidentiality Agreement (Form 5).
3. On placement, students must obtain the approval from the supervisor and all information obtained must be under the direction of the supervisor.
4. Students may not transcribe any records containing personal health information or taking such records off-site.
5. Students must ensure that they adhere to the consent and confidentiality policies and procedures of the placement site and ensure that clients/patients provide informed consent for all actions/interventions undertaken by the student.
6. Students must ensure information they have access to is managed in accordance with data protection and confidentiality requirements of the placement site, including access to written health records, verbal information, electronic information or pictures.
7. Students cannot photocopy, scan, save to USB, or transcribe any element of the clinical or patient records including photography and imaging.
8. The anonymity of clients/patients must be maintained during case presentations, research activities and university course work.
9. Use of photos and other visual aids that allow identification of individuals should not occur unless the material is of critical importance and the consent of the client/patient has been obtained.
10. Students cannot use or present any case presentations, research activities unless consent has been specifically obtained from participants and site.
11. Students who do not maintain confidentiality will be failed on professional behaviour in the placement.
12. Students who do not complete and sign Form 5 Confidentiality agreement prior to placement, and submit this form to the Practice Education Coordinator will not be permitted to attend placement.

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PROTOCOL 6: Sourcing and selection of placements

RELATED FORMS	Occupational Therapy Practice Education Agreement Form
PURPOSE OF PROTOCOL:	Defining the practice educator agreements
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	This agreement is completed and signed by all practice educators directly supervising a student on placement

PROTOCOL

The Practice Education Coordinator and/or Regional Placement Facilitator puts out a call to source placements from placement providers (CORU Registered Occupational Therapists/Occupational Therapy Managers/HSE sites) and allocates these placements to all students. **Students may not, under any circumstances, make independent arrangements**.

Placements are selected based on the following requirements:

- Practice educator/s are occupational therapists registered with CORU
- Practice educators have one year or more post-qualification experience
- Practice educators sign an agreement to fulfil the role of educators
- Practice educators agree to complete all the expected tasks of the University of Galway Practice Educator
- The practice educator has made plans if they are absent or sharing a student
- The practice educator provides information on their training and development needs
- The practice educator identifies if they wish to be on the university contact list to meet GDPR regulations
- There is an agreement to share Garda vetting with the site/organisation.

If the above requirements are met, placements are selected for allocation to students if the educator and the practice setting meet the needs of the students and the CORU criteria for education and training programmes.

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PROTOCOL 7: Allocation of Student Placement

RELATED FORMS	Preparation for Placement Allocation form. Form 5: Student Confidentiality Agreement Form 7: Practice Education Consent Form
PURPOSE OF PROTOCOL:	Defining the allocations of Practice Education Placements at The University of Galway.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Process of allocation of placements to students.

PROTOCOL

- Students should note that the calendar of practice placements is on the practice education website. Placement dates can fall outside of semester dates and can cover a whole semester, students should be aware of this when organising accommodation as placements can be anywhere in the country.
- Students will complete a form to identify their preferred locations i.e. those locations where they have access to accommodation. They will also be asked to identify their driving status and locations where they have family members or close friends working, that may indicate a conflict of interest if the student were to attend the same location.
- Allocation of placement. The practice education coordinator considers the following guiding principles when making decisions regarding placement allocations but decisions on placement allocation is based on available placement offers.
- Ensure, CORU, WFOT and AOTI requirements and guidelines are met (1000 hours) and the importance of well-rounded and balanced practice placement profile at the point of applying for registration to the regulatory body (Min 250 hours in psychosocial and 250 hours in physical).
- Student's placement information details – including disability and/or personal circumstances or avoidance of conflict-of-interest sites
- Previous placement experiences and location
- The placement site identification for the student to be a car driver as essential or beneficial
- Student's term time or home address or where they can source family accommodation
- Placement availability

    - There is no provision for travel and accommodation expenses incurred whilst on placement. Support may be available through University of Galway placement fund.
- It is the students' responsibility to arrange suitable travel and accommodation arrangements for the duration of their placements.

- Under no circumstances must any family member of the student contact the student's placement provider and/or Practice Educator(s) before, during or after a placement.
- Student issues such as finances, work commitments or travel plans, or holidays are not considered reasons for local placements. However, personal circumstances such as having a carer role, being a sole carer of dependants (of any age), and health grounds: need for access to medical or supportive services locally or compassionate grounds, (e.g. recent death in the family) or sporting grounds (elite athlete status) may be considered. Such requests must be noted on the placement planning form. These requests will be reviewed by the Programme Director/ Head of Programme as required.
- Placements are allocated in advance of placement. Placements will only be allocated when there are sufficient placements for the whole cohort.
- Students are asked to sign a Consent form (Form 7) and a consent form for the discipline to forward Garda vetting to the placement site and to the practice tutor/regional placement facilitator (Form 2) prior to student allocation. On consent this information (students email address and garda vetting) is sent to the practice educator/ the practice tutor/regional placement facilitator on student allocation of placement.
- As part of the university's duty of care, students are asked to provide their accommodation details on a specified form. All details on this form will only be utilised in the event of an emergency during placement e.g. if a student does not attend placement and has not contacted their educator.
- There is no appeals procedure for placement allocation. If students wish to defer the placement, a deferral application will have to be submitted. If approved, a summer placement will be sourced. See Protocol 37 summer placements for more information.

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PROTOCOL 8: Students Insurance Protocol

RELATED FORMS	None, individual letter sent
PURPOSE OF PROTOCOL:	Defining the practice educator agreements
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	University insurance of the student on placement

PROTOCOL

1. Students studying on the University of Galway Occupational Therapy programme are covered by the University's Public Liability Insurance.
2. Proof of this indemnity is sent to each placement site prior to the placement commencement date by the Programme Office.

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PROTOCOL 9: Student use of their private cars on placement

RELATED FORMS	Preparation for Placement Allocation form.
PURPOSE OF PROTOCOL:	Defining information that the practice educators provide to the student prior to placement
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Use of private cars on placement

PROTOCOL

- Use of car to get to and from the placement site. If students intend to use their car to get to and from a placement site, students must contact their insurers to inform them of this change of use as there may be additional insurance cover costs. There is no mechanism for reimbursement or payment of any additional insurance charges.
- Students must identify if they can use and will appropriately insure their cars on placement in a form completed prior to placement allocations.
- Use of car for travel on placement business. Practice educators identify if a car is needed when making a placement offer. On these placements students may be asked to use their car to:
    - Travel between locations/ work bases during their working day.
    - To participate or complete home/ school or other client related visits or to attend meetings
    - To deliver items such as equipment or assistive devices
- Students must contact their insurance company and request business class insurance for the duration of a placement where they are using the car for placement business. There is no mechanism for reimbursement or payment of any additional insurance charges.
- It is the policy of the University that students do not carry service users in their cars.
- Some placement providers may have local car insurance requirements and may request a student to sign that they have the appropriate insurance and a disclaimer that in the event of an accident the placement organisation is not liable.

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PROTOCOL 10: Site Profile

RELATED FORMS	FORM 10: Site Profile AND FACT SHEET 1 Site Profile
PURPOSE OF PROTOCOL:	Defining information that the practice educators provides to the student prior to placement
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Pre-placement information about the site

PROTOCOL

Practice educators are asked to provide information to the student on the site and the following:

- Site and contact information
- Characteristics of occupational therapy services
- Essential preparation for students
- Learning opportunities and resources for students
- Amenities available to students
- Site requirements for students
- Message to students

Students evaluate that these were sent as part of the quality framework/student feedback.

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PROTOCOL 11: University Duty of Care to Student

RELATED FORMS	MS Form: University Duty of Care to Student
PURPOSE OF PROTOCOL:	Defining the process to be completed to gather information on students to be used in the case of emergency
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Duty of care is ensuring the health and safety of the student if they go missing from placement without prior notice or agreement with their practice educator

PROTOCOL

- Students may have to organise local accommodation for placements. As part of the Universities duty of care, students will be asked to give the following information prior to placement:
    - Address of their accommodation
    - Mobile phone number
    - Details of two next of kin
    - Permission to contact the next of kin if the student does not turn up for placement and is not answering their mobile number
- The information will be held on Microsoft forms as this is GDPR compliant
- This information will be held by the Practice Education Co-ordinator for the duration of the placement only. This information will be held by the Practice Education Co-ordinator for the duration of the placement only.
- In the case of missing students the University of Galway missing student protocol https://www.universityofgalway.ie/media/studentservices/files/1-Missing_stud-protocol.pdf will be instigated
- Students are asked to provide this information, if it is not provided, this is the students choice and there are no consequences.

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PROTOCOL 12: Student Management of their Health and Wellbeing on placement

RELATED FORMS	FORM 12: STUDENT MANAGEMENT OF THEIR HEALTH AND WELLBEING
PURPOSE OF PROTOCOL:	Defining the aspects of the programme that facilitate students to consider the management of their own health and well being
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Students' responsibility to manage their own health and well being

PROTOCOL

Preparation for placement module content will include content related to preparation and management of health and wellbeing during practice education placements.

- Students are advised of the University of Galway services that include:
- The CMNHS Student Support Officer
- Student support services, including the Student Counselling Service
- The online anxiety management programme
- It is an expectation of CORU that students manage their own health and wellbeing. There is a section in the supervision form that prompts the student and the practice educator to discuss the student's management of their health and wellbeing.
- It is the student's responsibility to discuss with their practice educator any issues that may be impacting on their health and wellbeing. They should also contact the Practice Education Coordinator or the Head of Programme for guidance and support. See Fact Sheet 19 on Support for students on placement.
- If the student is not fit to practice, the practice educator should contact the Practice Education Coordinator. While this will be managed on a case-by-case basis, the student may be asked to take a break or leave placement depending on the severity of the situation. See Protocol 30 for further information.
- Students should contact the practice education coordinator if there is any change in their physical or mental health that is impacting on placement).

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PROTOCOL 13: Student Orientation/ Induction on Placement

RELATED FORMS	FORM 13: ORIENTATION CHECKLIST. FACT SHEET 21: Student Placement Risk List
PURPOSE OF PROTOCOL:	Defining orientation for student placements
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Orientation is the induction of the student to the work setting

PROTOCOL

- Orientation or induction is required during the first week of the placement. Orientation should include introductions to the following:

a) Staff and colleagues
b) Environment and role
c) Workplace expectations
d) Health and safety in the workplace
e) Workplace policies

- Relevant risk assessments may need to be completed with the student by the practice educator to reduce risks for example infection control. Fact sheet 21 provides possible risks that may be encountered for a student going on clinical placement. As part of this project relevant HSE policies currently in place and control measures to address these risks have also been supplied. Occupational Therapists and students may find this list helpful to identify risks for your specific practice education site and any beneficial controls you may put in place.

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PROTOCOL 14: Student Conduct on Placement

RELATED FORMS	FORM 14: Student Code of Conduct on Placement PROTOCOL 30 Fitness to Practice
PURPOSE OF PROTOCOL:	To define the process if unprofessional conduct is evidenced
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Students' actions, decisions or attitudes or behaviour

PROTOCOL

Students will sign that they have read and understand the relevant Codes of Conduct. Codes of conduct are one of the core topics of the Preparation for Practice Education classes. The three relevant codes of conduct are:

a) The University of Galway Student Code of Conduct. This code includes professional behaviour on placement. This can be accessed here: https://www.universityofgalway.ie/media/studentservices/files/QA-616-University-of-Galway-Student-Code-of-Conduct-(Oct-2022).pdf. Breaches of this Code and of any University regulations make students liable to the imposition of sanctions.

b) Students should be familiar with and will abide by the Association of Occupational Therapists of Ireland Code of Ethics and Professional Conduct: https://www.aoti.ie/publications

c) Students should be familiar with and will abide by the Codes of Conduct as published by CORU the Regulators of Occupational Therapists: https://coru.ie/files-codes-of-conduct/otrb-code-of-professional-conduct-and-ethics-for-occupational-therapists.pdf

This code states that:

> *"While on placement, students shall conduct themselves in a professional manner and shall not bring the University or the third-party organisation into disrepute". Student behaviour in the wider community reflects on the University and the University will deal with complaints brought by members of the public to the University in respect of student behaviour under this Student Code of Conduct. This includes, but is not limited to, a student's place of residence and during a work placement, field work or clinical practice.*

Students will always behave in a professional manner. They will be particularly cognisant of issues relating to confidentiality and will be careful to respect the client/professional boundaries that exist in a therapeutic relationship.

Students shall comply with all reasonable and lawful instructions of their supervisors and should acquaint themselves with and adhere to any codes of conduct or internal regulations of the organisation with which they are placed.

Professional misconduct procedures on placement

If professional misconduct is suspected, the Practice Educator must immediately notify the Practice Education Coordinator as well as the Head of Discipline and the student.

Students are then invited to meet with the Head of Discipline, Practice Education Coordinator, Practice Educator, as appropriate. Issues are identified and a plan of action is agreed by all parties identifying clear targets and behaviours and the student is made aware of these.

In the first instance, if the student does not amend their behaviour accordingly it is the responsibility of the practice educator to reflect the seriousness of the professional misconduct in the 'comments' section of the student's assessment form and to determine if that misconduct is sufficient to warrant an overall 'not competent' grade.

In the event of a serious breach of conduct, and/or an escalation of misconduct with no further improvement the student will fail the placement. The matter is referred immediately to the Head of Discipline who consults with the Code of Conduct Committee.

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PROTOCOL 15: Student dress and presentation during placement

RELATED FORMS	FORM 14: Student Code of Conduct on Placement
PURPOSE OF PROTOCOL:	Defining the standards for dress and presentation
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Dress includes uniform and smart casual own clothes.

PROTOCOL

Students must complete and sign the student conduct on placement form, Form 14. This form delineates the expectations of conduct, and dress/presentation as follows:

- Personal Hygiene. Students must attend placement as clean and presentable. Clothes must be clean and pressed clothes with an absence of body odour or perfumes. Uniform/clothes are to be washed daily to reduce the risk of cross infection.
- Name badge. The University of Galway student name badge must be worn at all times unless advised not to by the Practice Educator.
- Uniform. Students are expected to wear the standard uniform for occupational therapy students at The University of Galway whilst on placements that request a uniform.

- **Hair.** Long hair should be tied back. There is a possibility of hair carrying bacteria or parasitic infection and these may be transmitted to patients so hair must be clean. It should be off the face and shoulder and above the level of the uniform collar. Beards and moustaches must be kept clean and neatly trimmed (so as not to interfere with the use of a face mask).
- No jewellery may be worn, with the exception of plain band wedding ring and a single stud earring in each earlobe. Bracelets must not be worn. Wristwatches, if allowed must be in adherence with local procedure.
- Clothes should be appropriate to working in the placement environment e.g. smart trousers/skirt/dress. Skirts less than 18'' long must not be worn.
- Make-up, if worn, should be subtle. False tan should not be worn.
- Nails must be kept clean and short. Nails should not be visible from the palmar aspect of the hand. Nail varnish, nail decoration, false nails, tips, extensions, or gel/acrylic nails are not permitted.

- Other than ears, body piercing or tattoos may not be permissible in some practice education placements and may have to be covered. Students to check with site prior to the placement.
- Footwear should be suitable for moving and handling and must be in adherence to local policy. Additionally, footwear must be plain, non-slip soles, flat, closed toe, clean and in a good state of repair.
- Uniform should fit comfortably, allowing for movement and covering midriff and above the cleavage line.
- Students who do not adhere to this protocol should be given advice and direction from their practice educator/members of the practice education team. If the behaviour persists, refer to protocol 14 and professional misconduct procedures.

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Discipline of Occupational Therapy

PROTOCOL 16: Student Punctuality and Time Management

RELATED FORMS	FORM 14: Student Code of Conduct on Placement
PURPOSE OF PROTOCOL:	Defining the standards for dress and professional presentation
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Punctuality, time management and fitness to work are expectations of professional behaviour on work placement

PROTOCOL

Punctuality and Time Management

Students are expected to arrive for work on time and be fit for work. Punctuality and appropriate time management are expected professional behaviour competencies. Students who persistently arrive late and have been given warnings, may fail the placement due to non-achievement of professional behaviour competencies.

Fitness to work

Students who are not fit for work should be sent home and the Practice Education Co-ordinator contacted.

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Discipline of Occupational Therapy

PROTOCOL 17: Completing a Learning Contract

RELATED FORMS	FORM 17: Learning Contract template FACT SHEET 8 Guidance for completing a learning contract
PURPOSE OF PROTOCOL:	Defining the student learning contract
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Setting, planning and evaluating learning goals

PROTOCOL

The learning contract is a tool for students to plan their self-directed learning. The student should bring a draft learning contract to placement. The contents should be negotiated and agreed in the first week of placement and reviewed/ added to in supervision. The learning contract focuses the learner on their goals for the placement.

Learning contracts should specify the following:

1. The learning objectives or goals to be achieved against the CORU standards of proficiency domains
2. The support required and resources available
3. Details of how learning goals or objectives will be addressed
4. The timeframe within which goals or objectives should be achieved
5. The nature of the evidence that will indicate when goals or objectives have been met
6. The signatures of the parties involved in the contract.

Twelve steps to working through a learning contract:

Step 1: The Learner's needs or gaps in knowledge or skills are clarified.
Step 2: Learning outcomes are defined.
Step 3: Identify learning opportunities and resources needed to attain outcomes.
Step 4: The process by which learning is to occur is specified in a plan.
Step 5: Responsibilities of the people involved are detailed.
Step 6: Timeframe for completion is determined.
Step 7: The criteria against which the achievement of goals is to be assessed.
Step 8: The learning contract is signed by both or all parties.
Step 9: The learning activities are undertaken.
Step 10: The contract is revisited and revised as necessary as the plans progress.
Step 11: Outcomes are evaluated against the recorded criteria.
Step 12: Future needs may indicate a renegotiation of the contract.

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Discipline of Occupational Therapy

PROTOCOL 18: Placement Hours

RELATED FORMS	FACT SHEET 2: Guidance on completing the Practice Education Assessment Form.
PURPOSE OF PROTOCOL:	Defining the calculation of student hours worked
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Student hours, is time worked on placement

PROTOCOL

- The World Federation of Occupational Therapists (WFOT) Revised Minimum Standards for the Education of Occupational Therapists (2026), CORU guidance for placement providers (2026) and Association of Occupational Therapists of Ireland minimum standards for practice education (2022) stipulates that all students are required to complete a minimum of 1,000 hours of Practice Education and demonstrate competence under the supervision of a suitably qualified occupational therapist with a minimum of one year's experience.
- Students must complete a minimum of 250 hours within a mental health and/or psychosocial setting and a minimum of 250 hours within a physical/ sensory disability practice setting (AOTI, 2022).
- Students must work a minimum of a 35-hour week during placement, with a typical total of 280 hours for an eight week (5 days/ 35 hours per week) placement.
- Students must have a minimum of a half hour lunch break.
- All hours worked, excluding lunch times are recorded on the Practice Education Assessment Competency Form.
- It is the student's responsibility to ensure the hours are recorded accurately on this form and certified by the Practice Educator.
- Sickness or any other absences including bank holidays or statutory days are not to be included as worked hours.
- A minimum of 250 hours is necessary to pass the placement.
- All hours accrued must be hours working on practice related tasks.
- Students cannot add hours of their choice i.e. an extra half an hour a day as their bus comes later than the finish time.
- Study time: Students are allocated three hours study per week, and these are included in work hours but students' study in the evenings and weekends cannot be counted as placement hours. See Protocol 19 for further details.
- Students who do not record hours honestly and accurately may be considered for professional misconduct, refer to protocol 14.

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Discipline of Occupational Therapy

PROTOCOL 19: Student Study Hours on Placement

RELATED FORMS	FACT SHEET 2: Guidance on completing the Practice Education Assessment Form. FORM 19a: Student Record of Study Hours FORM 19b: Student Record of Out of Office Work completed
PURPOSE OF PROTOCOL:	Defining the student study hours worked
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Study hours, is time worked on learning through investigation, research or reflection.

PROTOCOL

Study is an important component of practice education.

- Students are permitted three hours study time per week and this time is included in the overall weekly hours of the placement.
- Study may complete general research or working on their portfolios, case study or other project-based work. This time must not be used for clinical duties (e.g. writing progress notes) but for study related to placements.
- This time is at the discretion of the Practice Educator and does not have to be on a Friday afternoon.
- Whilst study time can be accrued, this can only be accrued for one-week i.e. so that one full day of study is facilitated every two weeks. No further accrual is permitted.
- Students must complete a record of how they have used this time to meet AOTI requirements (see forms 19a and 19b to be included in placement portfolio).
- Students must have an agreed learning outcome relevant to the learning contract or personal development plan during study hours.
- The Practice Educator can identify goals for this study time in supervision sessions and review outcomes of the use of study at any time.
- Students study in the evenings and weekends cannot be counted as study hours.
- Students are permitted to work from home or a non-office location if directed by their practice educator. This time must be used for placement related work.

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Discipline of Occupational Therapy

PROTOCOL 20: Student Use of Mobile Devices and Computers on Placement

RELATED FORMS	None
PURPOSE OF PROTOCOL:	Defining the use of mobile devices on placement
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Mobile Devices include mobile phones, i-pads or laptops

PROTOCOL

1. Students will have completed the HSE Land GDPR courses and therefore understand the importance of maintaining confidential information in all its forms, verbal, written, visual or virtual.
2. Mobile phones should not be used for any work purpose on placement that includes, making calls to clients, patients, or others unless it is an emergency. Workplace phones are to be used for this purpose.
3. Students on social media should not identify their placement site or reference any staff, facilities or patients of the placement organisation, as this is a breach of confidentiality.
4. Use of photos or recordings and other visual aids that allow identification of individuals in case studies should not occur unless the material is of critical importance and the consent of the client/patient has been obtained.
5. Students should not use mobile phones for personal use such as texting or accessing social networking during work time.
6. If students wish to use their mobile device to access the World Wide Web, they can only do so on specific permission of their practice educator, and they should only use this for professional purposes such as access to the library.
7. Use of Instagram, snapchat, or any other medium to share information regarding any aspect of placement including pictures of students themselves in uniform is forbidden.
8. Mobile phones and devices can only be carried by the student during work hours if permitted by the practice educator.
9. Students should ensure that any notes or to do lists written on mobile devices should not contain any confidential information and be deleted as soon as possible.
10. Mobile devices accessed during breaks and lunch should not contain any offensive or inappropriate or illegal photographs or other materials.
11. Students should be aware that overuse of mobile devices in break or lunch times can be considered rude or inconsiderate to others if used in a group setting.
12. Students should be aware that their professional behaviour is always being assessed during the placement including breaks and including when they are using mobile devices.

Computers

1. Students are responsible for familiarising themselves with the local policies regulations to ensure that they do not abuse the IT facilities offered to students on placement. Computer passwords must be kept secure. Any computer facilities offered to students during placements may be provided for access to client records only. Students are not permitted to access any client records not associated with their caseload (e.g., their own records or the records of family or friends). To do so is a breach of confidentiality and may result in a fail grade for placement as it will be considered professional misconduct (Protocol 14).

2. Computers that are provided for university work only, i.e. for use in learning and pursuit of their studies. Students must not abuse these facilities for any other purpose, e.g. playing computer games, excessive social use of e-mail, or for recreational internet use.

3. Student studies may involve internet searches drawing upon on anatomical terms and phrases. This may generate unwanted links to objectionable websites. Students are advised to use wherever possible, specific health science related search engines.

4. Students may accidentally access internet sites they did not mean to. This might happen because they have clicked on a misleading link, they clicked on a link by accident, or because a site has been hijacked. They may also find that they get bombarded by unsolicited and explicit 'pop-up' advertising. If any of these things happen whilst students are out on placement, they should:

    - Take a note of the URL (web address) of the site and the time it was accessed.
    - Tell someone immediately. If possible, show them what happened.
    - Record the details of the site accessed, before logging off the computer.
    - Tell their practice educator as soon as possible.
    - Tell local IT staff (any alerts regarding inappropriate internet use will go to them first).

5. Students' use of their own computers for telehealth or placement related work.
    - Students should ensure that no data is stored on a personal computer that has any identifiers.
    - Students should not use USB sticks or similar as these can be easily lost. All contents should be deleted and any reports etc. sent to educators should be encrypted.

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Discipline of Occupational Therapy

PROTOCOL 21: Student Attendance and Absence

RELATED FORMS	FACT SHEET 2: Guidance on completing the Practice Education Assessment Form
PURPOSE OF PROTOCOL:	To identify the expectations for attendance on placement and the procedures to be implemented when sickness of absence occurs on placement
SCOPE:	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Attendance, sickness or absence refers to time spent on or away from placement

PROTOCOL

Attendance

Placement attendance is mandatory, Monday to Friday for the full duration of the placement. Practice education is continuous assessment and absence can adversely impact on competency development. Students should note that whilst there is a minimum requirement to attain 250 hours on placement, there is also a requirement to attain competency, and this prevails over hours.

Study time. Please refer to Protocol 19 “Student Study Hours on Placement” for details.

Illness

If the student is sick and cannot attend placement, they must contact their Practice Educator directly by telephone no later than 15 minutes after the start time of the day. No texts, no emails or other forms of messaging are permitted. Student must explain that they are sick and provide some indication of their intended return to placement. Then, the student must email the Practice Education Co-ordinator and advise they are off sick. Students must provide a medical certificate if they are absent for two days or more. This must be submitted with the competency assessment form to the university.

Unforeseen circumstances

If unforeseen circumstances occur e.g. bereavement, placement absence is negotiated with both the practice educator and the practice education co-ordinator. These will be managed on a case-by-case basis.

Medical appointments

These are normally known well in advance, and the student needs to declare these prior to the placement beginning with the practice education co-ordinator who will advise the

practice educator that they are agreed absences. Routine medical appointments should be scheduled outside of placement hours where possible.

Dental appointments: including orthodontic appointments are not permitted during the duration of the placement except where urgent treatment is required, and this will be treated as a medical appointment.

Other planned absences: Any other planned absences including weddings, must be pre-agreed with the practice education co-ordinator prior to placement beginning. It is not acceptable to take holidays or days to attend social events during placement. If agreed with the practice education co-ordinator, normally only one day is permitted.

Minimum absences: No more than three individual episodes of absence of any length or duration is permitted on one placement. If more than three absences occur the practice education co-ordinator will be informed, and decisions made regarding student fitness to continue placement or the impact of absence on potential to demonstrate competency. Options that may be considered include cancelling the placement, or extension of placement days if the placement site/course commitments can accommodate same.

Consequences of absence: Where a student is unable to complete a placement due to the number of absences that has resulted in less than 250 hours being accrued or competency not attained, the student will have to complete a repeat placement after a medical certificate has been received advising fitness for another placement. Hours will not be recorded. Repeat placements occur in the summer months where possible (see protocol 37)**.** Students cannot progress to the following year without having passed all components of the academic programme and that includes placement.

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PROTOCOL 22: Supervision and Joint Supervision

RELATED FORMS	FORM 22: Student Supervision Form FACT SHEET 15 Student Supervision FACT SHEET 18 Practice Educator Communication with PEC FACT SHEET 19 Student Support on Placement
PURPOSE OF PROTOCOL:	Defining process and content of formal supervision meetings
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Supervision meeting

PROTOCOL

AOTI, (2010) define professional supervision as "a partnership process of on-going reflection and feedback between a named supervisor and supervisee in order to ensure and enhance effective practice" (AOTI 2010). Some common elements can be drawn from the wide array of definitions around supervision: a)Supervision involves a professional relationship b) It is a process c) It is active/dynamic, having objectives d) It may involve a range of activities e) It is supportive f) It relates to standards, effectiveness and competence g)It relates to the acquisition and development of knowledge, skills and values h) It can incorporate personal, professional and organisational elements and i) It can be reflective when related to practice.

1. Students should prepare for supervision and complete the first section of the University of Galway supervision form.
2. Supervision should be scheduled as a weekly formal meeting. The date/time of each supervision session should be agreed at the beginning of each week.
3. Supervision should be held in a suitable environment that is private and distraction free.
4. Supervision should be a collaborative process with both parties setting objectives, engaging in discussion, and planning future actions.
5. Supervision should be recorded on the weekly supervision form. The Practice Educator and student can turn take documenting or agree who will document at the beginning of the supervisory relationship. In either case, all information documented must be agreed by both parties and must be completed before the completion of the supervision session.
6. All supervision documentation should be retained by the student at the end of placement and included in their CPD portfolio.
7. Supervision should include review of the learning contract, feedback and forward planning with expectations for performance for the following week.

Educators who are concerned about a) fitness to practice or b) code of conduct must review the following protocols.

- Protocol 14: Student conduct on placement
- Protocol 15: Student dress and presentation
- Protocol 16: Student punctuality
- Protocol 30: Fitness to practice.

These can be found in the Practice Education Handbook. The most important action is to contact with the university (Practice Education Coordinator or Head of Discipline) on these issues is required as soon as concerns are identified.

Collaboration and Joint Supervision

1. To maintain communication between all parties regular contact will be maintained.
2. The Practice Education Co-ordinator contacts students weekly via email and speaks to them online. Halfway phone or online contact are available to each student at halfway. See Factsheet 24.
3. Students are encouraged weekly to contact the Practice Education Co-ordinator if there are any challenges or concerns. Students are reminded that evening calls are available see Fact sheet 24.
4. Practice Educators are also contacted weekly and a phone call or online meeting is offered at halfway. See Fact sheet 22.
5. Students are advised of support available on placements from the Practice Education Co-ordinator. See Fact sheet 23.
6. Where applicable, students may be asked to complete the out of office record of work tasks in their placement portfolio. This is part of co-supervision, ensuring that student placement hours are being utilised by students as placement work.

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Discipline of Occupational Therapy

PROTOCOL 23: Providing feedback to the student

RELATED FORMS	FORM 22: Supervision form
PURPOSE OF PROTOCOL:	Defining process of feedback to student on performance
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Feedback is communication about performance, behaviour and attitude

PROTOCOL

- **Informal feedback:** This is the most important part of educating students in work settings. It is highly valued by students, direct and factual feedback is preferable. After a student contributes to an activity is the ideal time to give informal feedback. This can be an overall performance, verbal and non-verbal communication, content, knowledge, approach, pace or attitude to the activity. Tell the student what went well and give goals that they need to achieve next time… '*you did this well on these aspects 1) 2) and 3) but next time I would like to see you work towards achieving 1) 2) and 3)*'. Respond positively to feedback seeking behaviour. Sometimes it is useful to use the word 'feedback' as some conversational style feedback may not be perceived by the student as feedback on their performance. If a student is becoming over demanding of feedback and this is impacting on your workload, agree some ground rules or boundaries.
- **Formal feedback:** It is recommended that formal supervision is provided weekly. Ask the student to prepare for the meeting with a reflection on one or two activities they contributed to during that day or during a specific time period. Provide time for self-evaluation and explore student application of feedback provided during informal feedback throughout the week. Discuss how the student can ensure they work towards achieving the performance goals. Discuss their proposed strategies to achieve these goals and their relevance to this placement. In other words, reflect but also ensure they are travelling towards achievement of competencies. It can be helpful to provide examples of good performance, their strengths and their skills. Identify areas that need to be addressed in future placements. Make a plan for the following week. This will ensure that the student is clear about the next steps that need to be completed. If concerns exist, be specific on these concerns. Give clear expectations on what they need to show or perform to indicate the achievement of an 'evident' competence grade at the end of this placement.
- **Written feedback:** Please use the University of Galway FORM 22 Student Supervision Form on the Practice Education Website.

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PROTOCOL 24: Client Consent for Student Participation

FORMS	None
PURPOSE OF PROTOCOL:	To define the expectations of the consent process
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway
DEFINITION:	Consent is the giving of permission or agreement for an intervention, receipt or use of the service or participation in research following a process of communication about the proposed intervention

PROTOCOL

1. In line with the HSE National Consent policy (2024), students must ensure that they have informed consent of all clients before every interaction/intervention. Informed consent involves explaining what is involved in the planned interaction/intervention. Consent is an ongoing process not a one-off event.
2. If consent is not given, students must respect the person's decision.
3. Students need to ensure that sufficient information is a comprehensible manner about the nature, purpose, benefits and risks of an intervention or service.
4. For consent to be valid, the person would be acting voluntarily (not under any duress from anyone) or have the capacity (be competent) to make a particular decision at that time, in line with requirements of the Assisted Decision Making (Capacity) Act 2015.
5. Information should be provided in a format so that the person can understand the content; this includes those with communication difficulties, intellectual disability and cognitive impairment.
6. Students may need to discuss capacity for consent with their educator. Capacity should be judged in relation to the decision to be made at that time. This functional approach recognises that a person may have capacity to consent for some interventions but not others. If a person has previously been found to lack capacity that does not mean that they cannot make future decisions on the same issue, or do not have capacity to make a decision. For each decision, capacity should be reviewed.
7. Students should not assume that somebody lacks capacity to make a decision because of their age, disability, appearance, behaviour, medical conditions (including intellectual disability, mental illness, dementia or scores on tests of cognitive function).
8. For those that lack capacity, family members are not permitted to provide consent unless they are lawfully committed to do so.
9. Parents and legal guardians must give consent for those under 16 years but it is best practice to involve children in the decision-making process.
10. Those over 16 years can provide their own informed consent.

Reference HSE consent guideline: https://www2.healthservice.hse.ie/files/156/

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PROTOCOL 25: Health and Welfare on Placement (Including Management of Covid-19)

FORMS

PURPOSE OF PROTOCOL:	To describe the processes and actions that may be required if a student presents with health or welfare issues on placement.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway
DEFINITION:	Health and Welfare includes both physical and psychological well-being.

PROTOCOL

- Students will participate actively in any safety training or instruction provided by the placement agency until deemed competent by the trainer from the agency in performing any task in a safe manner.
- If the student is involved in a work incident, the placement site policies and procedures should be followed. Any impact on the student's psychological or physical well-being as a result of the incident should be considered. The Practice Educator should report the incident to the Practice Education Co-ordinator. Management strategies including counselling support or medical review may be indicated. Ongoing review of the student's health and well-being should be planned.
- If the student attends placement and is not physically or psychologically fit for the work, the Practice Educator will advise the student to seek medical assistance and not to attend placement until better. See Protocol 21 for further details. The Practice Education Co-ordinator should be contacted. Management strategies will be negotiated with the student and the Practice Educator will be informed of the management plan. If fitness to practice is indicated, the matter will be referred to Head of the Programme who may refer to the fitness to practice committee. See protocol 30 for further details.
- If the student is presenting with anxiety or stress due to their personal circumstances, the Practice Education Co-ordinator should be contacted. Management strategies can then be discussed on an individual basis. Refer to Protocol 28 Student Withdrawal from placement for further information.

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PROTOCOL 26: Anti-Bullying on Placement

Purpose of Protocol:	To describe the University of Galway student bullying policy
SCOPE:	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Bullying is defined as "repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, in the course of their studies, which could reasonably be regarded as undermining the individual's right to dignity in the course of these studies".

PROTOCOL

- The University of Galway bullying policy states that "It is also important to note that all forms of bullying and intimidation must be repeated sufficiently often so that it can be said to have formed a behaviour pattern and are not isolated instances, which have occurred exceptionally. Single acts of unpleasantness or aggression, although unwelcome, do not constitute bullying. For examples of bullying behaviours, please refer to the University of Galway student Bullying Policy or the Health & Safety Authority's Website. www.hsa.ie".
- Students can seek advice from the Practice Education Co-ordinator or the Head of the Occupational Therapy programme or the Students Union regarding bullying. Students (the complainant) who feel they are being bullied have two options available to them. They can choose either the Formal or the Informal option.

Informal Option: Students or Practice Educators who believe they are being bullied and wish to attempt to resolve it informally should explain the following clearly to the alleged perpetrator(s). Details of the behaviour in question/the fact that it is unwelcome and offensive to them/ the harmful effects it is having on them/That it is contrary to University policy. The complainant should keep a record of events as they occur; what happened, dates, times, places, witnesses (if any), the complainant's response and the impact of this behaviour.

Formal Option: Students who wish to make a complaint (Complainant) of bullying should be aware that once a member of The University of Galway staff (other than a designated contact person) has been notified of a complaint either orally or in writing it is then considered to be in the Formal procedure. The University will immediately instigate the formal process to ensure that the rights of both the complainant and the alleged perpetrator(s) are safeguarded. Full details of this process can be found in the policy.

If a student is the alleged perpetrator, the complaint should be addressed to the Secretary for Academic Affairs who will forward the complaint to the University Disciplinary Committee for investigation under the existing Student Disciplinary Procedure. The full policy can be found at https://www.universityofgalway.ie/media/studentservices/files/QA600-Student-Anti-Bullying-Policy

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PROTOCOL 27: Procedures for managing concerns regarding student performance on placement: Practice Education Competency Concern Pathway

Forms	FORM 27A Competency concern pathway phase 1 FORM 27B Competency concern pathway phase 2
PURPOSE OF PROTOCOL:	Defining the expectations of Practice Educators at The University of Galway.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Underperforming students are defined as any student who is not progressing to the competency expected of the placement. This can be due to attitude, behaviour, knowledge or skill.

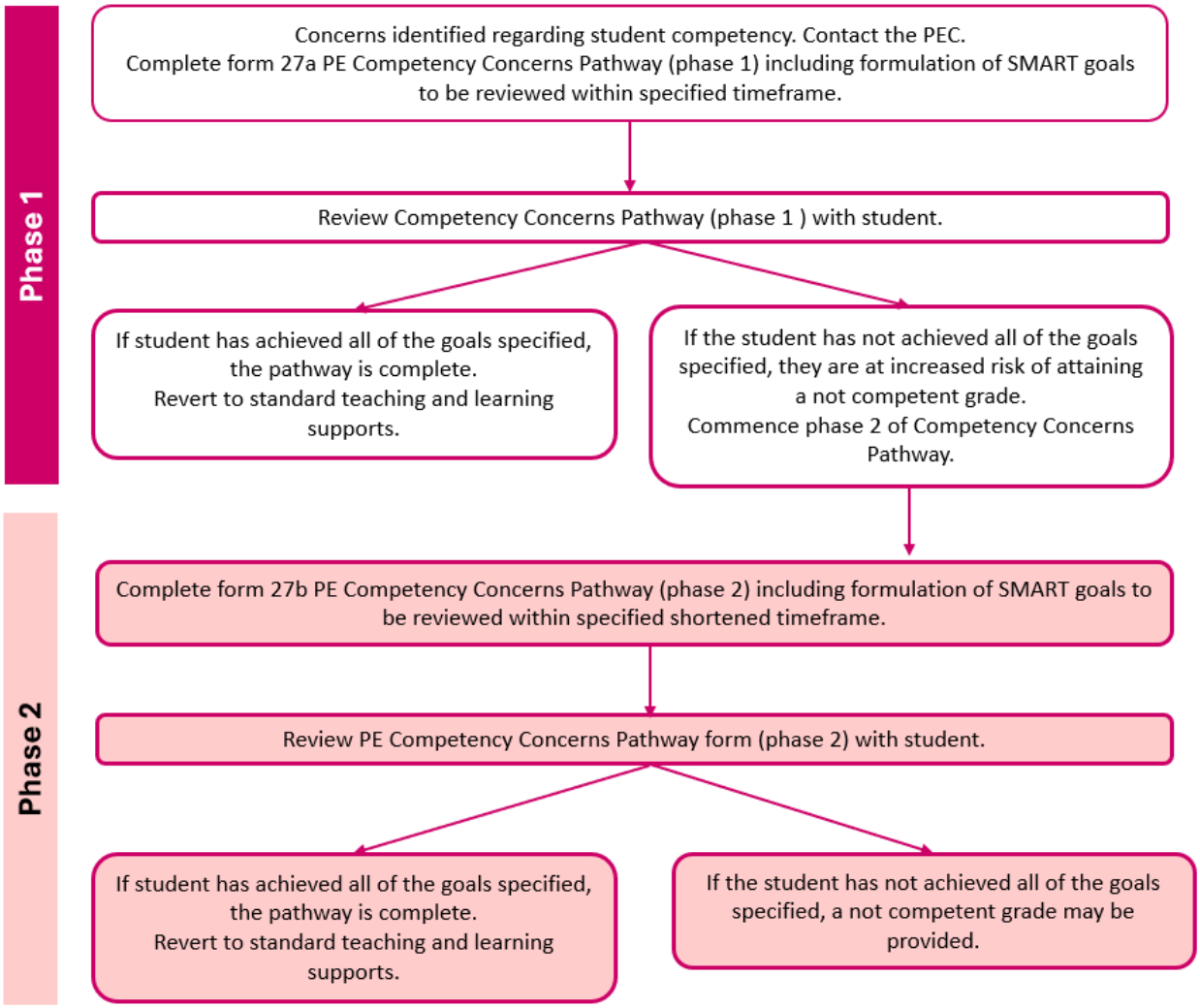
PROTOCOL

Practice Educators and students should contact the University Practice Education Co-ordinator as soon as it is acknowledged that there are concerns for student attainment of competency, so that the Practice Education Coordinator can support the Practice Educator and the student in this process.

The Practice Education Competency Concern pathway provides a framework for addressing concerns related to student performance on placement. It is intended as a supportive mechanism to address competency-related concerns that may arise during the course of student practice education placement.

Implementation of this pathway usually occurs after informal feedback and formal supervision has resulted in a concern that the student is not progressing. Practice educators should have provided specific feedback to the student on areas of concern.

An overview of the pathway is outlined below.



An Overview of the Practice Education Competency Concern Pathway

Form 27a 'competency concern pathway phase 1' form should be completed and sent to the Practice Education Co-ordinator, this form must be shared with all parties. Issues or concerns should be listed with clear examples of how the student is underperforming. These should relate to the competency statements on the competency assessment form. The form must record the main areas of underperformance. The action plan will include specific objectives to be achieved within a clearly defined time period, no more than five working days. The aim of the plan is to set realistic achievable goals for the practice setting that will enable the student to focus on competency attainment, in the first instance of priority concerns. The educator has the responsibility to try and ensure that adequate opportunities are given to the student to practice/develop their competency on goals identified.

The Practice Education Co-ordinator will meet with the student and practice educator/s to support both parties in this process.

The performance goals identified in this action plan will be reviewed by all parties at the agreed timeframe.

a. If the student has achieved the goals identified, standard teaching and learning supports will resume and the student will exit the Competency Concern Pathway.

b. If the student has not achieved the goals, phase 2 commences.

If the student has not achieved all of the goals identified, **form 27b Practice Education Competency Concern Pathway (phase 2)** will be completed. The action plan will be reviewed with a shortened time period. At this stage, the student is at high risk of achieving a 'not competent' grade on placement. This should be clearly outlined to the student.

If a student fails the placement, they must repeat the placement later, and in the same area of practice. Hours accrued on the failed placement are not included in the 1,000 hours required to graduate.

Strategies for supporting students who are struggling to achieve competency on placement include:

- Link with the Practice Education Coordinator as soon as possible to support the Practice Educator and student in these processes.
- Clear, specific feedback, with concrete examples of what the student is doing well and what they are expected to demonstrate must be provided.
- Consider internal/external factors impacting on student's performance.
- Re-iterate all support systems available to student.
- Once the main areas of competency-related concerns are identified, specific attainable goals should be set.
- Opportunities for the student to develop or practice and demonstrate goal attainment should be provided where possible (within service constraints). Students should have adequate time to achieve the stated goals.
- After each goal has been practiced, the student can be asked to self-evaluate their progression. Goals are clearer when behavioural: For example: 'By the end of week three you will complete two interviews with supervision gathering all relevant information and communicating to the client without prompting or assistance.
- Students should be fully encouraged to participate in this process and identify strategies and /or resources that would assist them in meeting the goal.
- Peer participation in the placement i.e. other practice educators can be of assistance in confirming student strengths and challenges.
- Feedback should be given regularly as students need to know if they are progressing.

Debriefing after placement

For practice educators that have managed underperforming students, debriefing will be offered after the placement. Debriefing is a reflective conversation with the Practice Education Co-ordinator. It can be completed by phone or in person. It is not recorded. The purpose is for both parties to learn from the experience and identify strategies that worked in the particular situation and evaluate those that did not work so well, so that alternative strategies can be applied in the future, in a supportive capacity. Debriefing is not compulsory.

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Discipline of Occupational Therapy

PROTOCOL 28: Student Withdrawal from Placement

PURPOSE OF PROTOCOL:	Defining the protocol for student withdrawal from placement.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway
DEFINITION:	Leaving placement before final competency assessment.

PROTOCOL

- A student may request withdrawal from placement on the grounds of ill health or family circumstances e.g. bereavement.
- Students must discuss their request for withdrawal from placement with the Practice Education Co-ordinator or the Head of Discipline. Based on the individual circumstances a provisional agreement to withdraw may be put in place.
- Students will need to formally apply to the Head of Discipline for withdrawal and provide medical evidence of ill health or other relevant evidence and submit a deferral form for both the practice placement and the case study.
- When a withdrawal from placement has been agreed, the Practice Education Co-ordinator will liaise with the Practice Educator. All placement documentation must be returned to the Practice Education Co-ordinator.
- A student who withdraws from a placement is not credited with any Practice Education hours for that placement.
- Students withdrawing on medical grounds will need to provide a 'fitness for placement' letter from their medical practitioner before a further placement will be sought.
- Students will be allocated a placement during the summer break in the same area of practice, where possible. If this occurs during the fourth-year placement, graduation may be delayed.
- Students will have to complete a deferral request for both the placement and the case study.

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PROTOCOL 29: Practice Educator Cancellation of Placement

PURPOSE OF PROTOCOL:	To define the process of cancellation of placement.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons) Occupational Therapy Programme at the National University of Galway.
DEFINITION:	Cancellation of placement offered by Practice Educator.

PROTOCOL

- It is the right of the Practice Educator to cancel a placement at any time.
- The Practice Educator must inform the Practice Education Co-ordinator of intention to cancel the placement so that support can be given to the student.
- If the placement is shortly to begin or has started the Practice Education Co-ordinator will ask if any colleagues locally could take the student, however if no suitable alternative can be found the placement will be cancelled.
- The Practice Education Co-ordinator will contact the student and confirm arrangements for another placement that may be in the summer period. Fourth year students should note that this may delay graduation.
- Student will not be able to use hours accrued on cancelled placements towards their total of 1,000 hours.

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PROTOCOL 30: Fitness to Practice

PURPOSE OF PROTOCOL:	To define if process if fitness to practice issues arise
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons) Occupational Therapy Programme at the National University of Galway.
DEFINITION:	Where concerns that the student is fit to practice - to protect the health safety and welfare of clients

PROTOCOL

The University is responsible, in the delivery of its professional and accredited programmes which involve direct assessed practice with service users/client groups, to ensure that students are deemed to be fit for practice. It also has a responsibility, as far as is possible in its provision of professional and practice-based training, to have policies that seek to ensure the protection and safety of vulnerable adults and children. The main purpose of this policy is to ensure protection of public interest, client safety and placement providers. Students who are enrolled in professionally accredited programmes; programmes due to be accredited and/or programmes with clinical/placement element are expected to adhere to the professional code of conduct of the registering body and other applicable codes deemed appropriate to the discipline. They are also expected to be healthy of body and mind to be able to practice competently in their profession. A referral to the Fitness to Practice Panel (FPP) will be made as a last resort when all other reasonable efforts have been made to support the student and/or address the concern about practice. This will include full consideration of other mechanisms in place within the university and/or the relevant placement site with the intention to minimise duplication where possible. Where possible and appropriate, the university will endeavour to offer student's an alternative route and/or assist them in transferring credits earned.

Procedure

(a) Informal: Where possible, the concerns regarding fitness to practice must be addressed via the normal support and pastoral provision of the programme and the university. Each School is required to have its own mechanisms for addressing such concerns. Normally, students should be kept informed of the processes being followed.

(b) Procedural Check: Before proceeding to a referral to the university FPP, full consideration must be given, and recorded, as to whether other procedures within the university or organizations offering a student placement are deemed more appropriate to invoke. Where relevant, the FPP of the relevant regulatory body for the profession or organisation must also be taken account of. The general principle must be to seek to avoid, where possible, duplication of procedure and subjection of the student to multiple processes.

(c) Formal: A decision to make a formal referral to the University FPP will be made where it is deemed that all efforts have been made to address the fitness to practice concern informally and formally via School and/or university support mechanisms. Normally, the relevant Programme Director will make the referral to the Head of School. Referrals must indicate clearly that the Fitness to Practice route is deemed to be the most appropriate process. Referrals must be made in writing via the Head of School or a designated authority. Supporting documentation outlining the outcome of the informal process and/or decision to refer must be provided. Normally, the student should be kept informed of the processes being followed.

For further information see the full policy
https://www.universityofgalway.ie/media/registrar/docs/policiesmay2023/QA232-Fitness-to-Practice-(5)-May-23.pdf

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PROTOCOL 31: Student Complaints

PURPOSE OF PROTOCOL:	To direct the student to The University of Galway student complaint policies.
SCOPE:	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway. The purpose of the Student Complaints Procedure is to enable the University in a clear, simple, and fair manner to resolve, in a timely fashion, any legitimate complaints which students may have in relation to the provision of courses and services to them. This protocol refers to the University Complaint procedure. This can be found at https://www.universityofgalway.ie/media/studentservices/files/policies/QA611-University-of-Galway-Student-Complaints-Procedure.pdf
DEFINITION:	This is only a summary of the procedures. Please refer to full policy documents. There are a range of other complaint mechanisms in the University. These should be followed for specific complaints. Complaints relating to bullying, harassment or discrimination. Refer to http://www.the University of Galway.ie/codeofconduct/ Complaints regarding the processes or outcomes of the application of the Student Code of Conduct which includes arrangements for appeals against those processes and outcomes. This can be found at http://www.the University of Galway.ie/codeofconduct/. Complaints which would normally be dealt with through the Student disciplinary procedures, in particular, a student who is aggrieved about the behaviour of a fellow student may refer the matter to the Disciplinary Officer under the Student Code of Conduct

PROTOCOL

1. Students with a complaint should, in the first instance, wherever possible and appropriate seek an informal resolution by raising the complaint directly with the relevant member of staff, Head of Programme, Head of School and if necessary the Dean of College. Formal complaints can only be invoked by the aggrieved student and not by someone acting on his/her behalf.
2. In order to ensure that complaints can be dealt with efficiently and expeditiously they should normally be made within one month of the relevant event and, in any case, no later than three months of leaving the University.

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PROTOCOL 32: Communication with Students and Practice Educators During Placement

PURPOSE OF PROTOCOL:	To define the communication structure and pathways during placement. Factsheet 18: Practice Educator Communication with the PEC Factsheet 19: Student Supports whilst on Placement
SCOPE:	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Communication is any method of contact to provide information, offer support or guidance or to co-supervise

PROTOCOL

For Practice Educators

- Educators are provided with all placement information prior to placement
- Educators are invited to a pre-placement meeting either by phone or online platform to discuss any aspects of the placement and the placement documentation/processes
- Educators are given contact details of PEC and asked to contact at any time for support
- Pre halfway email is sent to educators to remind them of halfway assessment
- Educators may avail of a halfway call/meeting with the educator(s) and student.
- Telephone contact on request/required
- Week 7 email about competency assessment form
- End of placement feedback and survey
- Debriefing offered if an underperforming student was experienced

For students

- Pre placement and thereafter weekly email with information for that week
- Online meetings/phone calls on request
- Offer of support or to contact for support in each email, evening contact available
- Half way contact either by phone or via online platform- see form
- Feedback on placement
- Mandatory debrief sessions

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PROTOCOL 33: Practice Educator Debriefing After Student Placement

Purpose of Protocol:	Defining the process of debriefing for Practice Educators at The University of Galway
Scope:	This protocol applies to all Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the National University of Galway
Definition:	Debriefing is a shared reflection on a Practice Education placement. The aim of debriefing is to evaluate want went well and what did not go well and what could have been managed differently between the Practice Educator and the Practice Education Co-ordinator.

Protocol

- Practice Educators can request debriefing at any point up to one year after having a student.
- Debriefing can be requested after any Practice Education placement to review educational approaches, strategies or evaluation of student competence or any other issues as identified by the Practice Educator.
- Most commonly, the University offers debriefing to Practice Educators when the Practice Educator had identified that concerns existed for the student or they managed an underperforming student.
- Debriefing can be completed on a visit by the Practice Education Co-ordinator to the Practice Educator in a placement site, or by phone or face time at a time convenient to all parties.
- Both parties must agree if notes are to be taken on the debriefing session. This is not a requirement.
- The process of debriefing is to inform the development of quality placements and this process of reflection can impact positively on the learning and development of both Practice Educator and Practice Education Co-ordinator and therefore impact positively on future placements.

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PROTOCOL 34: Student Appeal of Grade

Form	University Examination Appeals Form
PURPOSE OF PROTOCOL:	Directing the student to appeal policies.
SCOPE:	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway
DEFINITION:	The purpose of the Student Appeals is relevant for students who if there is a) evidence of substantive irregularity in the conduct of the examination, b) If the student claims on stated grounds that the mark awarded was incorrect c) If there are circumstances, which the Examinations Board was not aware of when its decision was taken. This procedure also relates to Practice Placement.

PROTOCOL

1. Appeals follow the procedures outlined in the University of Galway examinations regulations. Further information on appeal processes and forms are available here: https://www.universityofgalway.ie/exams/results/appeals/
2. The student completes the appeals form together with an appeal fee per subject appealed to the examination office.
3. The examination office will issue an acknowledgement.
4. A copy of the document will be sent to the Appeals Committee Chairperson, Secretary, Dean of Faculty and Head of School.
5. The appeal will be discussed at the Appeals Committee.
6. The student will be informed of the decision.
7. For further information go to the Occupational Therapy Policies and Procedures Handbook.

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PROTOCOL 35: Retention of student record by Practice Educators

FORM	FORM 35. Consent for Retention of Copy of Student Documentation
PURPOSE OF PROTOCOL:	To define the process of retention of Practice Education student records at The University of Galway. The Guidelines have been drawn up to guide Managers and Educators on the retention of the Assessment Forms in practise settings and to assure students that their assessment information is safeguarded.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Student records include all documents completed in Practice Education on student assessment.

PROTOCOL

- All original copies of student documentation including practice education competency assessment forms, concerns identified forms and underperforming student management forms and portfolio review form must be returned to the university.
- Students should keep copies of their assessment forms.
- Students will retain their signed supervision forms in their placement portfolios.
- If the practice educator wishes to retain student documentation they must obtain consent from the student, and complete the FORM 35 Consent Form for Retention of Copy of Student Practice Education Assessment Form.

Practice educators have the responsibility to manage this information securely as per GDPR regulations and work place policies such as the HSE https://www.hse.ie/eng/gdpr/

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PROTOCOL 36: Student Protected Disclosures on Placement (Whistleblowing)

FORM	None – guidance only
PURPOSE OF PROTOCOL:	To describe the process and actions that may be required following student witness of improper behaviour or care.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Protected Disclosures Act 2014.

PROTOCOL

- Students may wish to make a protected disclosure in good faith where they have reasonable grounds for believing that the health or welfare of patients/clients or the public may be put at risk, or where there is waste of public funds or legal obligations are not being met, so that the matter can be investigated. Such legislation provides statutory protection for health service employees (and students on practice education placement) from penalisation as a result of making a disclosure in good faith and in accordance with recommended procedures. Concerns may include that the health or welfare of a person in receipt of health or personal social service has been, is or is likely to be at risk.
- Students undertake training on Open Disclosure on HSE Land prior to placement.
- Confidentiality: The HSE Procedures on Protected Disclosures of Information in the Workplace "Confidentiality will be maintained in relation to the investigation of the subject matter of the disclosure insofar as is reasonably practicable. It is important to note that it may be necessary to disclose the identity of the employee who made the disclosure in order to ensure that the investigation is carried out in accordance with the rules of natural justice" (N,D https://www.hse.ie/eng/staff/resources/hrppg/protected-disclosures-.pdf). This document also states that "Making of False Reports An employee who makes a disclosure which s/he knows or reasonably ought to know to be false is guilty of an offence under the Act. Such a person may be liable on summary conviction to a fine not exceeding €5,000 or to imprisonment for a term not exceeding 12 months or to both. Alternatively on conviction on indictment the person may be liable to a fine not exceeding €50,000 or to imprisonment for a term not exceeding 3 years or to both".
- Students can discuss their concerns with their Practice Educator in the first instance and seek support to follow the site-specific policy.
- If a student's concerns remain following this and/or a student does not feel that they can discuss their concerns with their Practice Educator for any reason, they should contact the Practice Education Coordinator.

- Failing this, they should contact another member of the Department to discuss their concerns.
- If a formal disclosure is warranted, the student will need to put the details of their concern in writing and submit to the authorized authority or agency.
- Further information is available on the HSE website HSE Information, available at https://www.hse.ie/eng/staff/resources/hrppg/protected-disclosures-.pdf

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PROTOCOL 37: Summer Placements

FORM	None – guidance only
PURPOSE OF PROTOCOL:	To describe the process if a summer placement is required.
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Placement outside of the semester placement schedule

PROTOCOL

1. If a student has failed a placement, withdrawn from a placement or has had a placement cancelled, a summer placement will be organised, where possible.
2. The student has a responsibility to meet with the Practice Education Co-ordinator to discuss the earliest and latest date that a placement can start.
3. The placement will reflect the needs of the student with regard to CORU, WFOT and AOTI requirements.
4. The dates will be proposed by the Practice Education Co-ordinator but will be selected by the Practice Educator.
5. Whilst student location preference will be considered, placements will be allocated on student need rather than geographical location.
6. If the student previously had a medical withdrawal form placement, they will be required to submit a medical certificate stating that they are fit for placement.
7. Practice Educators are not given the reason for a summer placement and any disclosure of this information is a student's choice, it is not required.

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PROTOCOL 38: Feedback in Practice Education

FORMS	National Interprofessional Practice Education Evaluation Tools (NIPPET)
PURPOSE OF PROTOCOL:	To describe the process and actions that address quality practice education placements
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Quality to monitoring of placement and improving the placement experience based on feedback for all stakeholders.

PROTOCOL

Students

1. Students are requested to complete a feedback form following practice education placement.
2. If the feedback includes negative comments about the placement or the practice educator, the Practice Education Co-ordinator will contact the student to clarify the situation.
3. Following discussion, if the feedback appears to be related to a poor reciprocal relationship or because of a disappointing grade, the Practice Education Co-ordinator will encourage the student to reflect on the experience.
4. If the Practice Education Co-ordinator considers that it is important information for the site, the Practice Education Co-ordinator will discuss the feedback with the Practice Educator within ten days.
5. Student feedback will be depersonalised and the entire cohort's feedback will be sent to practice educators for their information. Individual feedback is not possible due to lack of confidentiality.
6. Cohort feedback is included verbatim in the annual Practice Education Report with actions to improve placement. The report is submitted to the Programme Board.
7. Students are asked to report on the site provision of the placement agreement. This is reported in the annual Practice Education Report.

Practice Educators

1. Practice educators are asked to sign an agreement stating that they will perform the duties of expected of this role.
2. At the end of the placement practice educators will be asked to provide feedback on the placement experience.

3. Practice educator feedback is depersonalised and reported verbatim in the annual Practice Education Report and actions to improve placement as a result of all feedback received is recorded in this report. The report is submitted to the Programme Board.

Actions on Feedback

Changes in response to feedback are identified in the biannual practice education report that is provided to the Programme Board.

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PROTOCOL 39: Consequences of Failing Practice Education

FORMS	N/A
PURPOSE OF PROTOCOL:	To describe the consequences of failing a practice education placement
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Consequence of failing placement/s

PROTOCOL

1. Students who fail (receive a "not competent" grade) on one placement may repeat that placement in a different clinical venue but in the same area of practice.
2. If a student receives a "not competent" grade in ***two*** placements over the course of the Occupational Therapy programme, s/he will be excluded from further participation in the programme.
3. They will be asked to meet the Head of Discipline to discuss alternative degree pathways and processed to be followed.

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PROTOCOL 40: Student Debriefing After Placement

FORMS	N/A
PURPOSE OF PROTOCOL:	To describe debriefing for students after placement
SCOPE:	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
DEFINITION:	Debriefing is a reflective conversation between students to share what went well, what were the challenges, what strategies were applied to manage the challenges and what students would do differently next time.

PROTOCOL

- Debriefing occurs in the week after placement finishes in for 2nd, 3rd and 4th year students.
- Students will be notified of the date, time, and location of the debriefing session via Canvas.
- It is compulsory to attend unless students are on an extended placement.
- Students will be asked to complete the student feedback form on placements prior to this session.

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PROTOCOL 41: Return to Placement Process

FORMS	N/A
PURPOSE OF PROTOCOL:	To describe processes for supporting students to prepare for placement in the event of prolonged breaks between placements.
SCOPE:	This protocol applies to students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway who are preparing for an 'out of sync' placement due to deferral of placement, previous withdrawal from placement, repeat placement, or have had a period of off-books assessment prior to placement.
DEFINITION:	n/a.

PROTOCOL

- Where a student has experienced a prolonged break between placements (e.g. due to off-books assessment, achievement of a 'not competent' grade on previous placement, medical reasons, or withdrawal from a previous placement), the Practice Education Coordinator will meet with students to support them in preparations for upcoming placements.
- Students will be required to attend a pre-placement briefing with the Practice Education Coordinator and may be required to complete tasks as directed by the Practice Education Coordinator to support them with preparation for placement processes.
- Students will be required to comply with standard pre-placement procedures related to Garda vetting, immunisation and training (outlined in Protocols 1-3).
- Where relevant, students should engage with Student Support or University disability services to ensure supports are in place, in preparation for upcoming placements.
- Students may be requested to provide supporting documentation indicating their readiness to undertake practice education placement. Students who have withdrawn from placement or deferred a placement on medical grounds will need to provide a 'fitness for placement' letter from their medical practitioner before a further placement will be sought.

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PROTOCOL 42: Health and Safety before and during practice education placements

FORMS	N/A
PURPOSE OF PROTOCOL:	To describe the relevant mandatory training to be completed by occupational therapy students in advance of practice education placements.
SCOPE:	This protocol applies to students of the B.Sc. (Hons.) Occupational Therapy Programme in 2nd, 3rd and 4th years of the programme, who are preparing for practice education placements.
DEFINITION:	n/a.

PROTOCOL

Before placement

Practice Educators

- Provision of a safe placement environment is confirmed in placement site agreement documents, governance agreements, or the Practice Educator pre-placement agreement form as relevant to the placement site. Practice Educators will advise students of location of PPE required prior to seeing patients.
- Practice Educators will advise students of any specific training or requirements of the placement site upon allocation of student to the placement site.

Students

In order to comply with Health and Safety, and Infection Control requirements, and the HSE Guidance on Clinical Placements (updated 2026), occupational therapy students are required to complete the HSE Infection Prevention Control Learning Programme suite of e-learning modules on the HSE Land learning platform. These modules must be completed prior to commencing practice education placement, and should be refreshed as directed over the course of the Occupational Therapy programme. Evidence of completion of these courses are provided to the Practice Education Coordinator via the Student Placement Passport and Placement Portfolio.

This list includes:

- AMRIC Introduction to Infection and Control and Antimicrobial resistance Introduction to Infection & Control & Antimicrobial resistance
- AMRIC Antimicrobial Resistance and Multi Drug Resistant Organisms Antimicrobial Resistance & Multi Drug Resistant Organisms
- AMRIC Basics of Infection Prevention and Control Infection Prevention & Control

- AMRIC Routine Management of the Physical Environment Mgt of Physical Environment
- AMRIC Hand Hygiene
- AMRIC Outbreak- Prevention and Management Outbreak Prevention & Management
- AMRIC Personal Protective Equipment AMRIC PPE
- AMRIC Management of Blood and Body Fluid Spills Mgt of Body & Blood Spills
- AMRIC Respiratory Hygiene and Cough Etiquette Hygiene & Cough Etiquette
- AMRIC Standard and Transmission-Based Precautions Standard & Transmission based precautions
- AMRIC Introduction to Microbiology and Surveillance Introduction to Microbiology & Surveillance

- Students must undertake hand hygiene training annually as directed by the Occupational Therapy programme team. This training will be facilitated by the Discipline of Occupational Therapy. Competence will be assessed by the facilitator of this training.
- Students must undertake person manual handling training prior to commencing placement. This training will be facilitated by the Discipline of Occupational Therapy.
- In order to comply with safety requirements, students are required to complete the following e-learning modules on the HSE Land platform. This training should be refreshed as directed over the course of the Occupational Therapy programme. This list includes:
- Open Disclosure Module 1 & 2
    i. Open Disclosure Module 1
    ii. Open Disclosure Module 2
- An Introduction to Children First (complete every 3 years)
- Safeguarding adults at risk of abuse
- The fundamentals of GDPR
- HSE Cybersecurity Awareness Training
- Mental Health Act 2001 (module 1) - prior to mental health placements
- Manual Handling and People Handling e-learning Theory Module
- Do the Right Thing: HSE Risk and Incident Management

Practice Educators may advise students to complete specific training relevant to the clinical environment of your placement. Students will be notified of this on initial contact from their educator(s).

<u>During placement</u>

- Practice Educators should provide students with details of relevant Health and Safety information as part of induction processes on placement. Students must familiarise themselves with relevant health and safety information and local policies.
- Students will not present on clinical placement if they have any symptoms of acute infection such as symptoms of febrile respiratory tract infection or gastroenteritis. See Protocol 21 for procedures related to student absence from placement.

- In order to comply with Infection Control requirements, students will limit their time in the clinical area to the minimum time necessary for their learning. They will not be present in clinical areas without a specific purpose related to their educational requirements, and will limit unsupervised learning in clinical areas to defined areas or services (for example the team to which they are currently assigned).
- When engaged in self-directed and unsupervised learning in clinical areas students should not form groups of more than 2 or 3 people. Students engaged in self-directed learning should move away from the clinical area for any extended group discussion of their learning.
- Students will demonstrate compliance with hand hygiene and other Infection Prevention and Control recommendations such as:
- Bare below the elbows/ bare above the wrist when in clinical areas
- Compliance with Infection Prevention and Control direction given by HSE staff when they are in HSE clinical areas
- Co-operation with requirements for management of outbreaks or other incidents of infection including providing samples for testing where required.

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Section 3: Fact sheet resources for Practice Educators and Students

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Discipline of Occupational Therapy

GDPR PRIVACY STATEMENT FOR PRACTICE EDUCATION CONTACT LISTS

Why is this data kept?

It is part of accreditation standards that students complete a range of placements and this information is kept for accreditation meetings which occur every four to five years.

How long will this information data be kept?

This information will be held for each student for the duration of the programme.
This information will be deleted one year after the student has graduated.

Who has access to the data?

This is maintained on a password protected computer by the Practice Education Co-ordinator and administrative staff in the Occupational Therapy Programme of the University of Galway.

In the absence of the Practice Education Co-ordinator, other staff of the academic programme may need to take over the role of seeking placements and therefore will have access to the contact list.

Right to withdraw information at any time?

You have the right to withdraw from both the contact list and record of placements list at any time by contacting otpracticeeducation@universityofgalway.ie

Disclosure

Your data will not be released to a third party (other than a person acting as your agent) this is a disclosure unless it is disclosure as required by Law.

Right of access

You have the right to access this data at anytime by contacting otpracticeeducation@universityofgalway.ie

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FACT SHEET 1: Guidance for Completion of a Placement Site Profile

Purpose & Aim of Site Profile:
The placement "site profile" provides a student with as much information as possible about the nature of the occupational therapy service, as well as the learning opportunities and resources available to them at their allocated placement site, ahead of their placement start date. It is the initial part of a student's placement induction.

This information also assists the practice education team in making informed decisions about placement selection & allocation.

What students say about Site Profiles:
"Very good introduction to the setting on the site profile. I could imagine what to expect."
"It would be great to have clearer pre-reading – especially for specialised placements."

If this is your first time to offer a placement to University of Galway, or if you are updating your existing site profile:

1. Download the current University of Galway Occupational Therapy site profile template from the practice education webpage.
2. Save the form to your computer, complete all fields with as much relevant information as possible, and rename the document to include the name of your placement site.
3. Remember, the student may not be from your local area, so be mindful that any & all information will be of huge assistance to them in relocating for their placement.
4. Contact your local Practice Education Team member if you would like any assistance or guidance.

Additional Tips for content when completing the Site Profile:

Section 1	**Site and Contact Information**
	Supporting information (Optional): Pamphlets, brochures, factsheets relating to your service can be scanned for attachment to email, or can be posted to the student if they provide you with a postal address.
Section 2	**Characteristics of Occupational Therapy Services**
	Type of service: Give as much information as possible here to orient your student to the type of service provided, including any specific specialisms, so that they know what to expect, have time to revise relevant theory, and can prepare for placement accordingly. Description of Service: Please identify whether your placement site offers a predominantly physical or psychosocial placement experience **Psychosocial Placement Experience**: The focus and outcome of intervention in a psychosocial placement will primarily be centred on psychosocial functioning and how this impact on the person's occupational performance, taking into account the person, their environment and their occupation. In addition to the normal range of learning experiences in any practice education setting, psychosocial placements offer an enhanced opportunity to develop knowledge, skills, and attitudes for therapeutic use of self and therapeutic relationships (AOTI, 2021, p. 6) **Physical Placement Experience**: The focus and outcome of intervention will primarily be centred on physical and/or sensory functioning and how this impact on the person's occupational performance, taking into account the person, their environment, and their occupation. In addition to the normal range of learning experiences in any practice education setting, physical and sensory disabilities placements offer an enhanced opportunity for students to develop knowledge, skills, and attitudes for therapeutic use of and/or adaptation of the environment and the use of compensatory strategies (AOTI, 2021, p. 7). Further information is available in the AOTI document "Interim minimum standards for practice education during the continuing COVID-19 pandemic 2021"

Section 3	Essential Preparation for Students
	Recommended Reading: Grade pre-reading according to placement level (i.e. observation, 2nd year, 3rd year, 4th year placements). *Examples could include* relevant legislation documents, articles, books (give specific chapters), and best practice guidelines (if available). Other: *Examples could include:* a) Review relevant modules & theory from university. b) Review theory of the standardised assessments used in the setting (if that module has been covered in university, or if those assessments were used in past placements). c) Include links to any relevant online learning resources (e.g. HSELand, educational videos etc.). d) Include links to supportive organisations & foundations (and highlight any recommended resources available via it).
Section 4	**Learning Opportunities and Resources for Students**
	"Other learning opportunities and resources for students" could include*:* a) Library resources (local / online resources available during placement). b) Other occupational therapy sites within service, or in local area, that student can arrange to visit. c) Seating clinics, Assistive technology clinics, etc.
Section 5	**Amenities available to Students**
	Cafeteria: If no cafeteria or kitchen is available, try to give your student some guidance around available options (e.g. local café, packed lunch etc.) Locker: If no locker is available, please try to have a locked drawer for safekeeping of personal items. Public transport: Give directions & transport information. For rural sites, please note in comment box if public transport is amenable to placement times. It is useful to include a list of private bus companies / routes that might only be known locally. Accommodation: Include any local accommodation sources. Students can also add to this list at the end of their placement, if permission is granted for any specific accommodation details to be included. Working Hours: Specify start & finish times, break-time, lunchtime.
Section 6	**Site Requirements for Students**
	Dress Code: Refer to the University of Galway Placement Information Handbook for "dress code" guidance given by the university. Give as much information as possible regarding the specific dress code at your placement site. Health & Safety: Include any specific requirements that might exist.

Section 7	Message to students
	What to expect on your first day: 1. Give directions to the student, and reporting time for first day of placement. 2. Advise re. Parking arrangements for students who have cars. 3. List of people the student should expect to meet on first day. 4. Content of first day (initial induction & orientation).

Review of Site Profile:

- Review site profile with student at the end of placement.
- Discuss what was useful, and what could be improved.
- Make changes or add information in anticipation of future placements.

Ollscoil na Gaillimhe
University of Galway

Discipline of Occupational Therapy

FACT SHEET 2: Guidance on Completing the University of Galway Practice Education Competency Assessment Form and Assessing the CORU Standards of Proficiency

- To complete the form, please type the responses into the assessment form below to ensure legibility.
- The Practice Education assessment form needs to be fully completed at halfway and at the end of the placement. Forms that are not fully completed will be returned, please ensure that all signatures, placement hours, and competencies are completed in full.
- The form must and signed by both the student and the practice educator/s who were involved in the assessment of student competency. An electronic signature(s) inserted is preferred but a typed name is acceptable.
- If the Practice Educator wishes to keep a copy of the forms, please complete the Form 35 Consent for Retention of Copy of Student Practice Education Assessment Form, available here: https://www.universityofgalway.ie/medicine-health/allied-community-health/disciplines/occupational-therapy/practiceeducation/practiceeducatorresources/

How to return the forms at the end of placement

- At the end of placement once the final practice education assessment form is fully completed, it is the student's responsibility to email a copy of this completed form as an attachment to the following email address: otpracticeeducation@universityofgalway.ie
- The student must use their University of Galway email address to return the form, the form will not be accepted via any other email.
- The student **must include their Practice Educator** on the email by CC'ing the supervising Practice Educator(s) when returning the assessment form. Forms returned without the Practice Educator included will be regarded as null and void.
- It is the responsibility of the student to ensure that the form is fully completed before returning the practice education assessment form.
- It is the responsibility of the Practice Educator to ensure that the form returned by the student matches the version completed during the final assessment.
- Any falsifications or discrepancies identified in the forms will result in appropriate disciplinary follow up in accordance with the University of Galway regulations.
- As this is an assessment form, it must be returned within two working days of completion of placement.
- Students must retain a copy of their Practice Education Assessment forms.

- On receipt of completed form, a CPD certificate is provided to the Practice Educator.

The Practice Education Competency Assessment Forms were designed in collaboration between Trinity College Dublin, The University of Galway. These are based on the HSE Therapy Project Office Entry Level Competencies for Occupational Therapists 2008, and have been extended for subsequent academic years to ensure they match the CORU Occupational Therapists Registration Board Standards of Proficiency (2017).

Practice Education Competency Assessment Form

This form is provided by the University of Galway Occupational Therapy Practice Education Team and can be filled in electronically or manually, signatures are required.

Guidance on completing the Practice Education Competency Assessment Form is outlined below, using a Level 2 (4th year) Practice Education Competency Assessment Form. The Level 1 (2nd and 3rd year) Practice Education Competency Assessment Forms can be completed using the same guidance.

NAME OF STUDENT	Enter student name	
NAME OF SERVICE	Enter service name	
TYPE OF EXPERIENCE	Enter type of experience and specify whether the placement is primarily physical or psychosocial in nature E.g. Community Mental Health Team (psychosocial) E.g. Acute General Medicine (Physical)	
DATE OF EXPERIENCE (dd/mm/yyyy)	**From** Start Date	**To** End Date
NAME OF PRACTICE EDUCATOR	Enter names of Practice Educator(s) involved in student supervision and assessment	
CORU REGISTRATION NUMBER	Enter CORU Registration number of Practice Educator(s)	

NUMBER OF DAYS ABSENT	Enter total number of days where student was absent from placement
TOTAL HOURS COMPLETED	Enter total number of placement hours Note: Students must successfully complete 1000 hours of practice education placement during the Occupational Therapy Programme. A minimum of 250 hours is required to pass the placement. A typical placement amounts to 280 hours [8 weeks x 35 hour working week]

OVERALL LEVEL OF ACHIEVEMENT

COMPETENT	**NOT COMPETENT**
☐ This is a pass grade. To be awarded this grade all boxes in the form must be marked as either evident or enhanced.	☐ *(Student required to repeat placement)* This is a fail grade. To be awarded this grade one or more boxes in this form will have been marked as 'not evident' or 'emerging'.

N.B. If a student is awarded a not competent grade (Not Evident or Emerging) for one or more competencies at the final assessment, this indicates an overall not competent level of achievement. CPD certificates are only provided to educators who have signed this form.

SIGNATURE OF PRACTICE EDUCATOR	The Practice Educator(s) must sign this form. CPD certificates are only provided to those educators that sign the forms
EMAIL ADDRESS OF PRACTICE EDUCATOR	Email addresses must be included for all signatories
SIGNATURE OF STUDENT	Students must sign this prior to leaving the placement.

Both *signatures are required.*

STUDENT HOURS LOG

Week (From – To) (dd/mm/yyyy)	Hours Completed	Initials of Practice Educator

1. Start Date to End Date	List Hours Completed	**IN SIGNING THIS SECTION EDUCATORS ARE SIGNING**
2. Start Date to End Date	List Hours Completed	**CONFIRM HOURS WORKED, EXCLUDING LUNCH & BANK**
3. Start Date to End Date	List Hours Completed	**STATUTORY DAY, SICK OR OTHER. ABSENT DAYS.**
4. Start Date to End Date	List Hours Completed	**3 HOURS STUDY PER WEEK IS INCLUDED. SEE NOTE**
5. Start Date to End Date	List Hours Completed	
6. Start Date to End Date	List Hours Completed	
7. Start Date to End Date	List Hours Completed	
8. Start Date to End Date	List Hours Completed	

To be completed by Practice Educator:

Certificated Sick leave hours taken:	Enter Hours of Sick Leave Taken	**Sick leave hours made up:**	Enter hours of sick leave made-up. This should be on placement work only (i.e. not study or university work)
Other Sick leave taken	Enter Hours of Sick Leave Taken	**Sick leave cert forwarded to PEC*:**	**Yes** ☐ **No** ☐
Other hours absent	**Number of hours:**	**Reason:**	See Protocol 21
Number of public holidays:	List Number of Public Holidays	**Total hours completed:**	List Total Hours Completed
Signature of Practice Educator:	Practice Educator to sign to confirm hours	**Date:**	

** It is the responsibility of the student to forward their sick certs to the PEC directly.*

To be completed by Student:

[Student signs to confirm this is a true record of hours worked]

Student Name and Number	Student Signature / Date

Student competence is assessed by the Practice Educator in placement and recorded on the relevant Practice Education Competency Assessment Form as listed below:

Year 2: Practice Education Competency Assessment Form – Level 1
Year 3: Practice Education Competency Assessment Form – Level 1
Year 4: Practice Education Competency Assessment Form – Level 2

Competency

NOT COMPETENT	COMPETENT
NOT EVIDENT – This competency was not demonstrated.	**EVIDENT** – This competency was consistently demonstrated.
EMERGING – This competency was not consistently demonstrated.	**ENHANCED** – This competency was consistently demonstrated. The performance was to a high standard.

Competencies can be marked as "Not Evident", "Emerging", "Evident" or "Enhanced".
In order to pass the final assessment, all competencies must be either "Evident" or "Enhanced" by the end of placement.

Two formal assessments take place in each placement – after four weeks (half way) for formative feedback; and at the end of placement (final evaluation, summative feedback).
Both the Level 1 and Level 2 Practice Education Competency Assessment Forms assess five areas of competency:

1) Occupational Competencies
2) Communication Competencies
3) The Occupational Therapy Process Competencies
4) Professional Behaviour Competencies
5) Professional Development Competencies

Some educators also ask the student to self-evaluate using the form, this is optional, but the halfway and end of placement assessment of competency by the practice educator must be discussed with the student in supervision. It is recommended that this meeting does not occur on the last day of placement. The student must have time to read and review the form, so that they can complete their "*student's comments and feedback*" section and sign the form.

Halfway

It is important that halfway assessment must be completed at the halfway point. Feedback should be given on areas to be developed so that students have time to work on areas of 'emerging' or 'not evident' competency. It is normal for students to have many 'not evident' or 'emerging' grades at the halfway point, as competencies may yet not have been consistently demonstrated.

Final

It is recommended that the final assessment be not given on the last day so that students have time to reflect and review the content of the assessment form and complete student sections. The original signed Practice Education Competency Assessment Form must be returned to the university. A student who does not consistently amend behaviour which is not appropriate to practice should be awarded an emerging grade.

Setting Expectations

The Practice Education Competency Assessment Form enables competencies to be individually assessed in a variety of work settings. Prior to the placement, it is appropriate to review the form and provide examples of how the competency can be evidenced in your work setting. Provide these to your student so that they know what you expect from them in this placement. Some examples are given below. It is recommended that you use the CORU standards of proficiency to assist you in setting these expectations.

	Not Competent		Competent	
Competencies	**Not Evident**	**Emerging**	**Evident**	**Enhanced**
Work safely in compliance with health and safety regulations as specified in the practice setting. ***THE CORU STANDARDS THAT RELATE TO THIS COMPETENCY STATEMENTS ARE:*** ***CORU Standards of Proficiency: Professional Autonomy and Accountability*** *6.Be able to exercise a professional duty of care* ***CORU Standards of Proficiency: Safety and Quality*** *7.Be able to prioritise and maintain the safety of both service users and those involved in their care* *12. Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any identified risk, adverse events or near misses in line with current legislation/guidelines* *13. Be able to comply with relevant and current health and safety legislation and guidelines* ***CORU standards of Proficiency: Professional Knowledge and Skills*** *21. Be able to use manual handling skills appropriately; be able to identify the need for and be able to use aids for manual handling in a variety of practice settings* *25. Demonstrate safe and effective implementation of practical, technical and clinical skills* **POSSIBLE SITE SPECIFIC EXAMPLES OF A PLACEMENT EXPECTATION**: ***Student will lead on Risk Assessments*** ***Identifies and applies health and safety regulations in this setting (i.e. hand washing, moving and handling, reporting of incidents, lone working, management of challenging behaviour, management of materials etc.)***	☐	☐	☐	☐

Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice ***CORU Standards of Proficiency: Professional Autonomy and Accountability*** *1.Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession* *7. Understand what is required of them by the Registration Board and be familiar with the provisions of the current Code of Professional Conduct and Ethics for the profession issued by the Registration Board* *9. Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers.* ***CORU standards of Proficiency: Professional Knowledge and Skills*** *25. Demonstrate safe and effective implementation of practical, technical and clinical skills* **POSSIBLE SITE SPECIFIC EXAMPLES OF A PLACEMENT EXPECTATION**: ***Makes appropriate ethical decisions when prioritising and managing a caseload*** ***Adheres to local procedures, policies or protocols (i.e. standard operating procedures)*** ***Gains and records client consent***	☐	☐	☐	☐
Adhere to confidentiality as described in the local context. ***CORU Standards of Proficiency: Professional Autonomy and Accountability*** *10.Understand and respect the confidentiality of service users and use information only for the purpose for which it was given* *11. Understand confidentiality in the context of the team setting* *12. Understand and be able to apply the limits of the concept of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse*	☐	☐	☐	☐

14. Be able to recognise and manage the potential conflict that can arise between confidentiality and whistle-blowing **POSSIBLE SITE SPECIFIC EXAMPLES OF A PLACEMENT EXPECTATION**: ***Can explore potential conflict between confidentiality and whistleblowing in supervision*** ***Demonstrates confidentiality in the team setting***				

Competencies and the CORU Standards of Proficiency

CORU state that" *The standards of proficiency detail the skills and abilities that individuals must possess in order to enter the register. They are the threshold standards deemed necessary by the registration board at the level of entry to practice. They are not standards for practice after entry to the register. Rather they offer a snapshot of the standards at entry to the register"* (https://coru.ie/files-education/otrb-standards-of-proficiency-for-occupational-therapists.pdf p3)

There are five domains. These are listed below and colour coded to assist readers in identifying the domains. Each standard has been mapped to the Practice Education Competency Assessment Form to assist educators in interpreting the competencies against the CORU Standards of Proficiency.

CORU Standards of Proficiency: Professional Autonomy and Accountability

CORU Standards of Proficiency: Communication, Collaborative Practice and Team working

CORU Standards of Proficiency: Safety and Quality

CORU Standards of Proficiency: Professional Development

CORU Standards of Proficiency: Professional Knowledge and Skills

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
Occupational Competencies	**Not Evident**	**Emerging**	**Evident**	**Enhanced**	**Not Evident**	**Emerging**	**Evident**	**Enhanced**
1. Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community. **CORU Standards of Proficiency: 5. Professional Knowledge and Skills** 5.1 Know, understand and apply the key concepts of the domains of knowledge which are relevant to the practice of the profession. 5.12 Be able to discuss the origins and development of occupational therapy, including the evolution of the profession towards the emphasis on occupation based practice and on autonomy and empowerment of individuals, groups and communities.	☐	☐	☐	☐	☐	☐	☐	☐
2. Demonstrate through either verbal or written communication the person-occupation-environment relationship within the client's context. **CORU Standards of Proficiency: 5. Professional Knowledge and Skills** 5.2 Demonstrate a critical understanding of relevant biological sciences including anatomy, human development, social and behavioural sciences,	☐	☐	☐	☐	☐	☐	☐	☐

occupational science and other related sciences, together with a knowledge of health and wellbeing, function, disease, disorder, and dysfunction and be able to apply this to the practice of occupational therapy with consideration to the person – environment –occupation relationship. 5.6 Demonstrate an understanding of the Person Factors in occupational performance areas and engagement including motor, sensory, cognitive, perceptual, psychosocial and spiritual and be able to apply these to practice 5.7 Demonstrate an understanding of the Environment Factors in occupational performance and engagement including social, physical, cultural and institutional and be able to apply these to practice 5.8 Demonstrate an understanding of the Occupation Factors in occupational performance and engagement related to the classification of occupation and to the components of occupation and be able to apply these to practice.								
3. Analyse the use and adaptation of occupations for the client's group and/or community. **CORU Standards of Proficiency:** **3. Safety and Quality** 3.1 Be able to gather all appropriate background information relevant to the service user's health and social care needs	☐	☐	☐	☐	☐	☐	☐	☐

3.2 Be able to justify the selection of and implement appropriate assessment techniques and be able to undertake and record a thorough, sensitive and detailed assessment 3.3 Be able to determine the appropriate tests/assessments required and undertake/arrange these tests 3.4 Be able to analyse and critically evaluate the information collected in the assessment process 3.5 Be able to demonstrate sound logical reasoning and problem-solving skills to determine appropriate problem lists, action plans and goals **5. Professional Knowledge and Skills** 5.6 Demonstrate an understanding of the Person Factors in occupational performance areas and engagement including motor, sensory, cognitive, perceptual, psychosocial and spiritual and be able to apply these to practice.								
4. Apply the therapeutic use of occupation to influence health and well-being of the client or group positively. **CORU Standards of Proficiency:** **5. Professional Knowledge and Skills** 5.11 Be able to identify, select and implement specific and appropriate occupations and activities in practice 5.14 Understand the role and purpose of building and maintaining therapeutic relationships as a tool in the delivery of occupational therapy across the lifespan in a variety of	☐	☐	☐	☐	☐	☐	☐	☐

contexts and understand the need to establish a client centred therapeutic relationship as the basis for change and enabling participation and engagement in occupation 5.24 Be able to identify and understand the impact of organisational, community and societal structures, systems and culture on health and social care provision and on an individual's health and wellbeing								
5. Support engagement and participation in meaningful occupation. **CORU Standards of Proficiency: 5. Professional Knowledge and Skills** 5.1 Know, understand and apply the key concepts of the domains of knowledge which are relevant to the practice of the profession. 5.8 Demonstrate an understanding of the Occupation Factors in occupational performance and engagement related to the classification of occupation and to the components of occupation and be able to apply these to practice. 5.10 Demonstrate an understanding of the wide range of occupations and activities used as part of occupational therapy intervention and understand the importance of using occupations and activities that reflect the occupational needs of the service user. 5.11 Be able to identify, select and implement specific and appropriate occupations and activities in practice 5.12 Be able to discuss the effects of occupational dysfunction and	☐	☐	☐	☐	☐	☐	☐	☐

deprivation on the health of individuals, families, groups and communities and the importance of restoring health and wellbeing through engagement and participation in occupation **CORU Standards of Proficiency: Professional Autonomy and Accountability** 1.5. Respect and uphold the rights, dignity and autonomy of every service user including their role in the diagnostic, therapeutic and social care process								
6.** Demonstrate an awareness of occupational justice and occupational deprivation for the client and/or community **CORU Standards of Proficiency: Professional Knowledge and Skills** 10. Demonstrate an understanding of the wide range of occupations and activities used as part of occupational therapy intervention and understand the importance of using occupations and activities that reflect the occupational needs of the service user5.5 Demonstrate an understanding of occupational science in the context of occupational therapy practice including the person-environment-occupation relationship and person-environment-occupation relationship to health, development and well-being 5.12 Be able to discuss the effects of occupational dysfunction and deprivation on the health of individuals, families, groups and communities and the importance of optimising health and wellbeing through engagement and participation in occupation								

HALFWAY COMMENTS ON OCCUPATIONAL COMPETENCIES

Comment here on how students are progressing towards their competencies. Provide specific examples of where the student is progressing well, and be specific where further focus on work is needed.

Remember at halfway students should be showing 'consistency' and to standard to be awarded and 'evident' grade. Students may be showing promise and progressing well but an emerging grade may still be relevant if they have not yet shown consistency with a range of people or work tasks.

FINAL COMMENTS ON OCCUPATIONAL COMPETENCIES

Comment here on student's strengths, and any competencies which the student should focus on in their future development.

Remember that for fourth-year placement: When marking the final year student as competent in their final assessment form you are confirming that the student has met the CORU Standards of Proficiency and therefore is competent to practice as an entry-level occupational therapist.

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
Communication Competencies	**Not Evident**	**Emerging**	**Evident**	**Enhanced**	**Not Evident**	**Emerging**	**Evident**	**Enhanced**
7. Demonstrate listening, verbal and non-verbal communication skills, both formally and informally. **CORU Standards of Proficiency:** **2. Communication, Collaborative Practice and Team working** **2.2 Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs, and health and/or social care needs.** 2.5 Be able to recognise when the services of a professional translator are required.	☐	☐	☐	☐	☐	☐	☐	☐
8. Give and receive feedback in an open and honest manner. **CORU Standards of Proficiency:** **4. Professional Development** 4.5 Understand the importance of and be able to seek professional development, supervision, feedback and peer review opportunities in order to continuously improve practice.	☐	☐	☐	☐	☐	☐	☐	☐

9. Present oral information in a clear, concise and well-structured manner both formally and informally. **CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working** 2.1 Be able to communicate diagnosis/assessment and/or treatment/management options in a way that can be understood by the service user 2.2 Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs 2.9 Be able to express professional, informed and considered opinions to service users, health professionals and others e.g. carers, relatives in varied practice settings and contexts and within the boundaries of confidentiality.	☐	☐	☐	☐	☐	☐	☐	☐
10. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements. **CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working** 2.6 Be able to produce clear, concise, accurate and objective documentation. 2.8 Be aware of and comply with local/national documentation standards including, for example, terminology, signature requirements.	☐	☐	☐	☐	☐	☐	☐	☐

11. Communicate effectively and in a professional manner with individuals. **CORU Standards of Proficiency:** **1. Professional Autonomy and Accountability** **1.15 Be able to gain informed consent to carry out assessments or provide treatment/interventions and document evidence that consent has been obtained.** **2. Communication, Collaborative Practice and Team working** 2.1 Be able to communicate diagnosis/ assessment and/or treatment / management options in a way that can be understood by the service user. 2.2 Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and health and/or social care needs 2.9 Be able to express professional, informed and considered opinions to service users, health professionals and others e.g. carers, relatives in varied practice settings and contexts and within the boundaries of confidentiality	☐	☐	☐	☐	☐	☐	☐	☐
12. Communicate effectively and in a professional manner in a group environment. **CORU Standards of Proficiency:**	☐	☐	☐	☐	☐	☐	☐	☐

2. Communication, Collaborative Practice and Team working 2.9 Be able to express professional, informed and considered opinions to service users, health professionals and others e.g. carers, relatives in varied practice settings and contexts and within the boundaries of confidentiality. 2.13 Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team. 2.14 Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision-making within a team setting. 2.15 Understand the role of relationships with professional colleagues and other workers in service delivery and the need to create professional relationships based on mutual respect and trust.								
13. Form collaborative working relationships within interdisciplinary teams. **CORU Standards of Proficiency:** **2. Communication, Collaborative Practice and Team working** 2.13 Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team.	☐	☐	☐	☐	☐	☐	☐	☐

2.14 Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision-making within a team environment. 2.15 Understand the role of relationships with professional colleagues and other workers in service delivery and the need to create professional relationships based on mutual respect and trust								
14. Use computer and/or communication technologies appropriately in the placement setting. **CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working** 2.7 Be able to apply digital literacy skills and communication technologies appropriate to the profession.	☐	☐	☐	☐	☐	☐	☐	☐
15. Provides information with intervention options with professional opinion to the service users, and/or health professionals and/or relevant others. **CORU Standards of Proficiency: 2, Communication, Collaborative Practice and Team working** 2.9 Be able to express professional, informed and considered opinions to service users, health professionals and others e.g. carers, relatives in varied practice settings and contexts and within the boundaries of confidentiality.	☐	☐	☐	☐	☐	☐	☐	☐

16 Apply the principles of therapeutic use of self for client interactions. **CORU standards of Proficiency: 5. Professional Knowledge and Skills** 5.12 Be able to discuss the effects of occupational dysfunction and deprivation on the health of individuals, families, groups and communities and the importance of restoring health and wellbeing through engagement and participation in occupation.	☐	☐	☐	☐	☐	☐	☐	☐
17 Demonstrate the ability to provide appropriate instruction and supervision when delegating tasks to others where appropriate. **CORU standards of Proficiency: 5. Professional Knowledge and Skills** 5.18 Be able to provide adequate instruction and supervision of occupational therapy interventions when delegating tasks to others.	☐	☐	☐	☐	☐	☐	☐	☐

HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES

Comment here on how students are progressing towards their competencies. Provide specific examples of where the student is progressing well, and be specific where further focus on work is needed.

Remember at halfway students should be showing 'consistency' and to standard to be awarded and 'evident' grade. Students may be showing promise and progressing well but an emerging grade may still be relevant if they have not yet shown consistency with a range of people or work tasks.

FINAL COMMENTS ON COMMUNICATION COMPETENCIES

Comment here on student's strengths, and any competencies which the student should focus on in their future development.

Remember that for fourth-year placement: When marking the final year student as competent in their final assessment form you are confirming that the student has met the CORU Standards of Proficiency and therefore is competent to practice as an entry-level occupational therapist.

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
The Occupational Therapy Process Competencies	**Not Evident**	**Emerging**	**Evident**	**Enhanced**	**Not Evident**	**Emerging**	**Evident**	**Enhanced**
18. Select and apply appropriate conceptual and practice models to guide the occupational therapy process. **CORU standards of Proficiency: 5. Professional Knowledge and Skills** 5.15 Be able to select and use an appropriate occupational therapy conceptual model to guide practice and be able to select and use appropriate practice models and approaches to address the person-environment-occupation relationship.	☐	☐	☐	☐	☐	☐	☐	☐
19. Demonstrate an integration of occupational therapy theory within practice. **CORU Standards of Proficiency: 5. Professional Knowledge and Skills** 5.3 Demonstrate an understanding of the theoretical concepts underpinning occupational therapy including the occupational nature of individuals, families, groups and communities. 5.23 Demonstrate skills in evidence-informed practice, including translation of theory, concepts and methods to clinical/professional practice.	☐	☐	☐	☐	☐	☐	☐	☐

20. Demonstrate an integration of relevant supporting evidence based knowledge within occupational therapy practice. **CORU Standards of Proficiency: 3. Safety and Quality** 3.6 Be able to demonstrate an evidence-informed approach to professional decision-making, adapting practice to the needs of the service user and draw on appropriate knowledge and skills in order to make professional judgments 3.9 Understand the need to monitor, evaluate and/or audit the quality of practice and be able to critically evaluate one's own practice against evidence-based standards and implement improvements based on the findings of these audits and reviews **CORU Standards of Proficiency: 5. Professional Knowledge and Skills** 5.23 Demonstrate skills in evidence-informed practice, including translation of theory, concepts and methods to clinical/professional practice.	☐	☐	☐	☐	☐	☐	☐	☐
21. Demonstrate a logical and systematic approach to problem solving and decision-making. **CORU Standards of Proficiency: 1.ProfessionalAutonomy and Accountability** 1.17 Recognise personal responsibility and professional accountability for one's actions	☐	☐	☐	☐	☐	☐	☐	☐

and be able to justify professional decisions made. 1.19 Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources.								
22. Demonstrate engagement in clinical reasoning to guide practice. **CORU Standards of Proficiency: 1.ProfessionalAutonomy and Accountability** 1.17 Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made. **CORU Standards of Proficiency: 3. Safety and Quality** 3.5 Be able to demonstrate sound logical reasoning and problem solving skills to determine appropriate problem lists, action plans and goals.	☐	☐	☐	☐	☐	☐	☐	☐
23. Demonstrate engagement in reflection and evaluation of practice. **CORU Standards of Proficiency: 3. Safety and Quality** 3.9 Understand the need to monitor, evaluate and/or audit the quality of practice and be able to critically evaluate one's own practice against evidence-based standards and implement improvements based on the	☐	☐	☐	☐	☐	☐	☐	☐

findings of these audits and reviews **CORU Standards of Proficiency: 5. Professional Knowledge and Skills** 5.2 Know and understand the principles and applications of scientific enquiry, including the evaluation of treatment/intervention efficacy, the research process and evidence-informed practice.								
24. Facilitate a culturally sensitive approach to practice. **CORU Standards of Proficiency: 1.Professional Autonomy and Accountability** 1.8 Recognise the importance of practising in a non-discriminatory, culturally sensitive way and acknowledge and respect the differences in beliefs and cultural practices of individuals or groups.	☐	☐	☐	☐	☐	☐	☐	☐
25. Facilitate a client centred approach. **CORU Standards of Proficiency: 5. Professional Knowledge and Skills** 5.14 Understand the role and purpose of building and maintaining therapeutic relationships as a tool in the delivery of occupational therapy across the lifespan in a variety of contexts and understand the need to establish a client centred therapeutic relationship as the basis for change and enabling participation and engagement in occupation.	☐	☐	☐	☐	☐	☐	☐	☐

CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working 2.3 Recognise service users as active participants in their health and social care and be able to support service users in communicating their health and/or social care needs, choices and concerns.								
26. Facilitate the active participation of the client in the team. **CORU Standards of Proficiency: 1.Professional Autonomy & Accountability** 1.2 Be able to act in the best interest of service users at all times with due regard to their will and preference. **CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working** 2.3 Recognise service users as active participants in their health and social care and be able to support service users in communicating their health and/or social care needs, choices and concerns.	☐	☐	☐	☐	☐	☐	☐	☐
27 Apply the principle of informed consent prior to and throughout the occupational therapy process. **CORU Standards of Proficiency: 1.Professional Autonomy & Accountability** 1.15 Be able to gain informed consent to carry out assessments or provide	☐	☐	☐	☐	☐	☐	☐	☐

treatment/interventions and document evidence that consent has been obtained. 1.16 Be aware of current legislation and guidelines related to informed consent for individuals with lack of capacity.								
28. Demonstrate the use of observation and interview skills to gather relevant information. **CORU Standards of Proficiency: 3. Safety and Quality** 3.1 Be able to gather all appropriate background information relevant to the service user's health and social care needs.	☐	☐	☐	☐	☐	☐	☐	☐
29. Select and administer appropriate standardised and non-standardised assessment tools. **CORU Standards of Proficiency: 3. Safety and Quality** 3.2 Be able to justify the selection of and implement appropriate assessment techniques and be able to undertake and record a thorough, sensitive and detailed assessment. 3.3 Be able to determine the appropriate tests/assessments required and undertake/arrange these tests.	☐	☐	☐	☐	☐	☐	☐	☐
30. Analyse the effect of the person, the environment and the occupation factors on activity and participation. **CORU Standards of Proficiency:**	☐	☐	☐	☐	☐	☐	☐	☐

3. Safety and Quality 3.4 Be able to analyse and critically evaluate the information collected in the assessment process.								
31. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf). **CORU Standards of Proficiency: 1. Professional Autonomy & Accountability** 1.3 Be able to act in the best interest of service users at all times with due regard to their will and preference **CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working** 2.12 Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users. **CORU standards of Proficiency: 5. Professional Knowledge and Skills** 5.16 Be able to apply assessment, goal setting and intervention strategies collaboratively with service users across the lifespan who are experiencing recently acquired and/or long standing health issues which affect their performance and engagement in their everyday occupations in a variety of acute, rehabilitation and community settings.	☐	☐	☐	☐	☐	☐	☐	☐

32. Plan, grade, implement and modify interventions that are outcome based and relevant to the person's goals. **CORU standards of Proficiency:** **5. Professional Knowledge and Skills** 5.13 Be able to analyse and grade activity and occupation and be able to adapt environments to enhance occupational participation and engagement to positively influence the health, well-being and function of individuals, families, groups and communities in their occupations, everyday activities, roles and lives	☐	☐	☐	☐	☐	☐	☐	☐
33. Facilitate effective individual and/or group work interventions. **CORU standards of Proficiency:** **5. Professional Knowledge and Skills** 5.13 Be able to analyse and grade activity and occupation and be able to adapt environments to enhance occupational participation and engagement to positively influence the health, well-being and function of individuals, families, groups and communities in their occupations, everyday activities, roles and lives	☐	☐	☐	☐	☐	☐	☐	☐
34. Demonstrate a working knowledge of group dynamics within the context. **CORU Standards of Proficiency:** **2. Communication, Collaborative Practice and Team working** 13. Understand the need to build and sustain professional	☐	☐	☐	☐	☐	☐	☐	☐

relationships as both an independent practitioner and collaboratively as a member of a team 14. Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision-making within a team setting **CORU standards of Proficiency:** **5. Professional Knowledge and Skills** 5.19 Understand the principles and dynamics of group work in a range of settings and understand the role of different facilitation techniques to improve outcomes and enhance the participation of service users in occupation.								
35. Evaluate outcomes in collaboration with all parties. **CORU Standards of Proficiency:** **2. Collaborative Practice and Team working** 2.12 Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users **CORU Standards of Proficiency** **3. Safety and Quality** 3.8 Be able to evaluate intervention plans using appropriate tools and recognised performance/outcome measures along with service user responses	☐	☐	☐	☐	☐	☐	☐	☐

to the interventions. Revise the plans as necessary and where appropriate, in conjunction with the service user								
36. Make onward referrals to other agencies or professionals to optimise responses to client needs. **CORU Standards of Proficiency: 1 Professional Autonomy & Accountability** 1.2 Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional. 15. Be able to gain consent to carry out assessments to provide treatment/interventions and document evidence that consent has been obtained 1.18 Be able to take responsibility for managing one's own workload as appropriate. **CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working** 2.12 Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users. 2.13 Understand the need to build and sustain professional relationships as both an	☐	☐	☐	☐	☐	☐	☐	☐

independent practitioner and collaboratively as a member of a team. 2.14 Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision-making within a team setting. **CORU Standards of Proficiency: 3. Safety and Quality** 3.5 Be able to demonstrate sound logical reasoning and problem-solving skills to determine appropriate problem lists, action plans and goals.								
37. Plan and implement discharge and follow-up. **CORU Standards of Proficiency: 1. Professional Autonomy & Accountability** 1.18 Be able to take responsibility for managing one's own workload as appropriate.	☐	☐	☐	☐	☐	☐	☐	☐
38. Prioritise and manage a caseload either group or individual, under supervision. **CORU Standards of Proficiency: 1. Professional Autonomy 7 Accountability** 18. Be able to take responsibility for managing one's own workload as appropriate.	☐	☐	☐	☐	☐	☐	☐	☐
39.** Demonstrate an ability to understand and manage risk. **CORU Standards of Proficiency: 3. Safety and Quality**								

3.10 Be able to recognise important risk factors and implement risk management strategies; be able to make reasoned decisions and/or provide guidance to others to initiate, continue, modify or cease interventions, techniques or courses of action and record decisions and concerns. 3.12 Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any identified risk, adverse events or near misses in line with current legislation/guidelines. 3.14 Be able to establish safe environments for practice which minimises risks to service users, those treating them and others, including the use of infection prevention and control strategies.	☐	☐	☐	☐	☐	☐	☐	☐
40. Applies the concepts of advocacy in addressing the occupational needs of individuals, groups and communities. **CORU Standards of Proficiency:** **1. Professional Autonomy & Accountability** **1.3 Be able to act in the best interest of service users at all times with due regard to their will and preference.** **CORU standards of Proficiency:** **5. Professional Knowledge and Skills** 5.17 Recognise the role of advocacy in promoting the needs								

and interests of service users and be able to understand and apply the concepts of advocacy in addressing the occupational needs of individuals, groups and communities								
41. Select and use assistive technologies or therapeutic modalities appropriately and safely in client interventions. **CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working** 2.5 Be able to recognise when the services of a professional translator are required. **CORU standards of Proficiency: 5. Professional Knowledge and Skills** 5.20 Be able to select and use appropriate assistive technologies and therapeutic modalities for the service user's occupational needs and functional level; be able to give adequate instruction for their use; and be able to assess the safe use of these by service users.	☐	☐	☐	☐	☐	☐	☐	☐
42. Facilitates the service user's management of their own health and wellbeing. **CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working** 2.4 Understand the need to empower service users to manage their well-being where possible and recognise the need to provide advice to the service user on self-management of their own health and wellbeing, where appropriate.	☐	☐	☐	☐	☐	☐	☐	☐

HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

Comment here on how students are progressing towards their competencies. Provide specific examples of where the student is progressing well, and be specific where further focus on work is needed.

Remember at halfway students should be showing 'consistency' and to standard to be awarded and 'evident' grade. Students may be showing promise and progressing well but an emerging grade may still be relevant if they have not yet shown consistency with a range of people or work tasks.

FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

Comment here on student's strengths, and any competencies which the student should focus on in their future development.

Remember that for fourth-year placement: When marking the final year student as competent in their final assessment form you are confirming that the student has met the CORU Standards of Proficiency and therefore is competent to practice as an entry-level occupational therapist.

	Half Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
Professional Behaviour Competencies	**Not Evident**	**Emerging**	**Evident**	**Enhanced**	**Not Evident**	**Emerging**	**Evident**	**Enhanced**
43. Work safely in compliance with health and safety regulations as specified in the practice setting. **CORU Standards of Proficiency:** **1. Professional Autonomy & Accountability** 1.6. Be able to exercise a professional duty of care. **CORU Standards of Proficiency:** **3. Safety and Quality** 3.7 Be able to prioritise and maintain the safety of both service users and those involved in their care. 3.12 Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any identified risk, adverse events or near misses in line with current legislation/guidelines. 3.13 Be able to comply with relevant and current health and safety legislation and guidelines. **CORU Standards of Proficiency:** **5. Professional Knowledge and Skills**	☐	☐	☐	☐	☐	☐	☐	☐

5.21 Be able to use manual handling skills appropriately; be able to identify the need for and be able to use aids for manual handling in a variety of practice settings 5.25 Demonstrate safe and effective implementation of practical, technical and clinical skills.								
44. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice. **CORU Standards of Proficiency: Professional Autonomy and Accountability** 1.1 Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession 1.7 Understand what is required of them by the Registration Board and be familiar with the provisions of the current Code of Professional Conduct and Ethics for the profession issued by the Registration Board. 1.9 Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers. **CORU Standards of Proficiency:** **5. Professional Knowledge and Skills** 5.25 Demonstrate safe and effective implementation of	☐	☐	☐	☐	☐	☐	☐	☐

practical, technical and clinical skills.								
45. Demonstrate an understanding of policy and legislation on local practice context. **CORU Standards of Proficiency:** **1. Professional Autonomy & Accountability** 1.13 Be aware of current data protection, freedom of information and other legislation relevant to the profession and be able to access new and emerging legislation.	☐	☐	☐	☐	☐	☐	☐	☐
46. Adhere to confidentiality as described in the local context. **CORU Standards of Proficiency: 1. Professional Autonomy & Accountability** 1.10 Understand and respect the confidentiality of service users and use information only for the purpose for which it was given. 1.11 Understand confidentiality in the context of the team setting. 1.12Understand and be able to apply the limits of the concept of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse. 1.14 Be able to recognise and manage the potential conflict that can arise between confidentiality and whistle-blowing.	☐	☐	☐	☐	☐	☐	☐	☐

47. Present self in a manner appropriate to the working environment. **CORU Standards of Proficiency:** **1. Professional Autonomy & Accountability** Be able to practice safely and effectively within the legal, ethical and practice boundaries of the profession. **CORU Standards of Proficiency:** **3. Safety and Quality** 7. Be able to prioritise and maintain the safety of both service users and those involved in their care.	☐	☐	☐	☐	☐	☐	☐	☐
48. Respond constructively to changing circumstances and demands. **CORU Standards of Proficiency: Professional Autonomy and Accountability** 1.2 Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional. 1.18Be able to take responsibility for managing one's own workload as appropriate. 1.20 Be aware of and be able to take responsibility for managing one's own health and wellbeing. **CORU Standards of Proficiency:** **3. Safety and Quality** 7. Be able to prioritise and maintain the safety of both	☐	☐	☐	☐	☐	☐	☐	☐

service users and those involved in their care.								
49. Demonstrate an awareness of personal and professional boundaries within practice. **CORU Standards of Proficiency:** **1. Professional Autonomy & Accountability** 1.2 Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional.	☐	☐	☐	☐	☐	☐	☐	☐
50. Demonstrate a positive approach to clients and team members. **CORU Standards of Proficiency:** **2. Communication, Collaborative Practice and Team working** 2.14 Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision making within a team setting.	☐	☐	☐	☐	☐	☐	☐	☐
51. Demonstrate effective time management. **CORU Standards of Proficiency:** **1. Professional Autonomy & Accountability** 1.18 Be able to take responsibility for managing one's own workload as appropriate.	☐	☐	☐	☐	☐	☐	☐	☐

52. Demonstrate best use of resources available. **CORU Standards of Proficiency:** **1. Professional Autonomy & Accountability** 1.19 Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources.	☐	☐	☐	☐	☐	☐	☐	☐
53. Demonstrate an ability to source, analyse and critique literature and research findings. **CORU Standards of Proficiency:** **5. Professional Knowledge and Skills** **5.22 Know and understand the principles and applications of scientific enquiry, including the evaluation of treatment/intervention efficacy, the research process and evidence-informed practice.**	☐	☐	☐	☐	☐	☐	☐	☐

HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES

Comment here on how students are progressing towards their competencies. Provide specific examples of where the student is progressing well, and be specific where further focus on work is needed.

Remember at halfway students should be showing 'consistency' and to standard to be awarded and 'evident' grade. Students may be showing promise and progressing well but an emerging grade may still be relevant if they have not yet shown consistency with a range of people or work tasks.

REFER TO THE CORU CODES OF CONDUCT, THE AOTI CODE OF CONDUCT (ON University of Galway THE PRACTICE EDUCATION WEBSITE) OR THE University of Galway CODE OF CONDUCT (SEE BELOW) WHERE APPLICABLE. CONTACT THE University of Galway PRACTICE EDUCATION COORDINATOR IF CONCERNS PERSIST

FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES

Comment here on student's strengths, and any competencies which the student should focus on in their future development.

Remember that for fourth-year placement: When marking the final year student as competent in their final assessment form you are confirming that the student has met the CORU Standards of Proficiency and therefore is competent to practice as an entry-level occupational therapist.

	Half Way		End of Placement	
	Not Competent	Competent	Not Competent	Competent

Professional Development Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
54. Take responsibility for personal and professional development. **CORU Standards of Proficiency: 4.Professional Development** 4.1 Be able to engage in and take responsibility for their own professional development.	☐	☐	☐	☐	☐	☐	☐	☐
55. Actively engage in supervision and request and utilise professional support. **CORU Standards of Proficiency: 1. Professional Autonomy & Accountability** 1.2 Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional. 1.17 Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made. 1.19 Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources.	☐	☐	☐	☐	☐	☐	☐	☐

CORU Standards of Proficiency: **4. Professional Development** 4.5 Understand the importance of and be able to seek professional development, supervision, feedback and peer review opportunities in order to continuously improve practice. 4.6 Understand the importance of participation in performance management activities for effective service delivery.								
56. Implement a learning contract. **CORU Standards of Proficiency:** **4. Professional Development** 4.3 Be able to evaluate and reflect critically on own professional practice to identify learning and development needs; be able to select appropriate learning activities to achieve professional development goals and be able to integrate new knowledge and skills into professional practice.	☐	☐	☐	☐	☐	☐	☐	☐
57. Identify own personal and professional strengths and limitations. **CORU Standards of Proficiency:** **4. Professional Development** 4.4 Understand and recognise the impact of personal values and life experience on professional practice and be able to manage this impact appropriately.	☐	☐	☐	☐	☐	☐	☐	☐
58. Maintain a record of personal and professional development (i.e. portfolio) **CORU Standards of Proficiency:** **4. Professional Development**	☐	☐	☐	☐	☐	☐	☐	☐

4.2 Understand the need to demonstrate evidence of ongoing continuing professional development and education, be aware of professional regulation requirements and understand the benefits of continuing professional development to professional practice.								

HALFWAY COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES

Comment here on how students are progressing towards their competencies. Provide specific examples of where the student is progressing well, and be specific where further focus on work is needed.

Remember at halfway students should be showing 'consistency' and to standard to be awarded and 'evident' grade. Students may be showing promise and progressing well but an emerging grade may still be relevant if they have not yet shown consistency with a range of people or work tasks.

FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES

Comment here on student's strengths, and any competencies which the student should focus on in their future development.

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FACT SHEET 3: Practice Education Placements and your CPD Portfolio for CORU

What is a Continuous Professional Development (CPD) Portfolio?

All Occupational Therapists registered with CORU must engage in a range of CPD activities on an on-going basis and maintain an up-to-date CPD portfolio. CORU specify that the CPD portfolio must include: (i) description of your current professional role and practice setting; (ii) personal learning plan; (iii) record of CPD activities; (iv) reflections on a number of CPD activities; and (v) evidence of undertaking CPD activities. Refer to http://www.coru.ie/en/education/cpd_for_occupational_therapists

What counts as a CPD activity?

CPD activities may be structured learning activities (formal/professional/work-based) or unstructured learning activities (informal/self-directed). One hour of learning equals one CPD credit. CORU registrants must complete 30 CPD credits in a 12 month period. The **OTRB CPD Standard & Requirements (2017)** states that "the key point when allocating credits is to allocate credits on the basis of 'new' learning as CPD is about enhancing knowledge, skills and professional qualities" (p. 14). Refer to http://coru.ie/uploads/documents/OTRB_CPD_Req_22.3.17.pdf

How are Occupational Therapy practice education placements relevant to my CPD Portfolio?

There are numerous structured and unstructured CPD activities and learning opportunities recognised by CORU that are integral to facilitating a practice education placement. Examples are outlined in the boxes below, including how to document appropriate evidence of the CPD activity. *(Note: This list is not exhaustive).*

Structured Learning Activities from Facilitating a Practice Education Placement	Appropriate Evidence
Active engagement in supervision of student.	Details of supervision and the impact on your role.
Completing a course or workshop in relation to practice education.	Certificate of attendance & evaluation of the course in relation to your role.
Designing a learning activity for students.	Documentation about activity and evaluation.
Development of information or support resources for students.	Outline basis for development, review of implementation; include a copy of resources.
Involvement in student practice education & providing placements.	Verification of placement, your contribution & the impact on your role.
Provision of a tutorial/lecture for students.	Copy of the lecture or tutorial provided and evaluation of same.

Unstructured Learning Activities from Facilitating a Practice Education Placement	Appropriate Evidence
Discussing a specific topic with students.	Identify topic discussed, learning gained and the impact on your professional role.
Keeping up to date with research evidence in support of best practice for student placements.	Include details of your research & identify its contribution to your professional role
Reading and reflecting on case studies/projects with student.	Details of case studies/projects & indicate contribution to your professional role.
Reflection on critical incidences or complex cases with student.	Summary of situation, discussion & outcome. Ensure confidentiality is maintained.
Sharing information/learning from CPD activities with students.	Copy of presentation/information shared.
Professional reading and study, e.g. CORU website and publications, journal articles, webinar, on-line libraries, educational videos.	Details of materials read and personal notes on contribution to professional role.

How do I document the CPD activities completed for my CPD Portfolio?

The two forms overleaf are designed to help you document CPD activities completed in relation to facilitating an Occupational Therapy Practice Education Placement. The forms are based on the CORU CPD Portfolio Template, March 2017. Further information in relation to CPD Portfolios for CORU registrants is available from the CORU website (www.coru.ie).

Record of CPD activities from an Occupational Therapy Practice Education Placement

Document here all the CPD activities that arose from facilitating the practice education placement. They may have occurred before, during, or after the placement.

No. of activity	Title of learning activity	No. of CPD credits assigned	Completion date	Supporting evidence number	Learning gained from activity or opportunity

Brief description of the learning activity or learning experience

What learning need was the activity designed to meet (refer to the personal learning plan if planned learning activity) or was this an unplanned learning opportunity?

On reflection, what have I learned from the experience? (Skills, knowledge, professional attitudes, other)

How can this learning impact on my professional practice and the delivery of service to my service users?

Has this learning activity highlighted any areas for development and new learning needs for me?

My action plan resulting from this experience is:

Goal	Timescale

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FACT SHEET 4: Expectations of Students at Each Level of Placement

Level	First year Professional Skill Development	Year 2 Level 1 Placement	Year 3 Level 2 Placement	Year 4 Level 2 Placement(s)
Purpose of Placement	Introduction	Practice	Practice and developing competency	Practice and Competency
Competency Level	Novice	Emerging	Consolidating	Competent
Supervision	Educator is a teacher: Participate in explanatory observations. Ask basic questions	Educator: direct active supervision of student	Facilitator: Collaborative approach to supervision of student.	Mentor: Consultative approach to supervision of student.
Students Autonomy	None	Guided participation	Developing autonomy in routine tasks	Autonomous on allocated tasks, seeks guidance and supervision. Contributes to developments
Clinical Reasoning	None. Student listens to the educator's reasoning	Student listens and questions/explores educator's reasoning	Student participates in clinical reasoning discussions	Student takes unprompted lead on clinical reasoning discussions for exploration of alternatives and confirmation of decisions
Reflection	Reflect on new experiences	Reflect on what did go well and not so well, develop a plan	Reflect on self and others in events. Bring in best practice, develop a plan	Reflect on events: performance, thinking and problem solving, bring in evidence-based practice and theory. Develop personal learning plans
Competency Attainment	Understanding practice.	Developing basic skills	Demonstrating skills in both reasoning and performance	Prepare to enter work as a competent, critical and reflective practitioner

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FACT SHEET 5: Competency Expectations by Week – 2nd year

This fact sheet defines expectations of student performance during each week of placement, although each student may progress through these stages differently, the final outcome should be that the student can demonstrate consistent achievement of the competencies outlined on the Practice Education Assessment Form.

Week One	To include
Supervision agreement & Orientation	Make an agreement on how you are going to supervise your student. A protected time for weekly supervision is planned and informal ongoing supervision is provided. Be explicit that both will provide feedback on performance and outline the expectations you have of the student for supervision preparation.
Review learning objectives	Review Learning contract. Ensure that these are relevant to the placement and CORU standards of proficiency. Set weekly expectations.
Active Observation	The student should have demonstrated an effective ability to introduce self to others appropriately. They should also be aware of departmental policies and procedures. The student should be asking some relevant questions about cases.
Week Two	**To include**
Active Observation	In week two, students should actively observe the work of the OT in this setting and begin to use procedural reasoning to explain to the supervisor their understanding of occupational therapy intervention. Students should be investigating and reporting on diagnoses and demonstrating evidence of pre-placement and ongoing reading. They should be able to name the main assessments/ interventions in the placement setting.
Week Three	**To include**
Actively observation, & beginning to participate under close supervision	By week three, students should begin to gather information on referrals. Students should be developing pragmatic reasoning of how occupational therapy works in a team. The student should present the educator with written notes, reflective of their active observations. They should begin to participate in aspects of assessment and interventions with supervision e.g. setting the room up for a session. They should be reflective of their performance in supervision and seek guidance on areas of improvement. The student should ask for clarification if they do not understand something or are not clear what is expected of them. They should be able to begin to participate in client interventions.

Week Four	To include
Participating under supervision	By week four, students should be developing their confidence in participating in aspects of occupational therapy intervention relevant to the setting. They should be practicing their communication, intervention, and documentation skills under supervision. They should be demonstrating an understanding of common diagnoses and discuss the relationship of theory to the practice setting. They should be able to engage a client in meaningful occupations in order to achieve goals. A halfway assessment should be completed with the student.
Week Five	**To include**
Participating with supervision	By week five, the student should have consistently demonstrated an ability to develop good therapeutic relationships with clients. The student should be able to manage time effectively and prioritise tasks. The student should be able to independently complete health care record review/gather information on a client accurately from medical chart. The student should continue to develop note writing skills for chosen clients under the supervision of the practice educator. The student should show progress on learning contract. The student should be able to suggest for assessments for cases.
Week Six	**To include**
Collaborative approach to supervision (coaching style)	By week six, the student should continue developing note skills, needing fewer corrections on content. The student should be able to identify the specific need to liaise with other team members independently. By week six, the student should be able to clearly communicate in a group setting. The student should be able to plan and carry out sessions for a minimum of 2 clients with assistance from their practice educator. The student should be able to analyse activities verbally and in written work.
Week Seven	**To include**
Consolidating practice competence	By week seven the student should carry out full preparation and delivery of sessions under supervision (or independently, depending on the practice context). The student should be able to identify specific assessments required and explain reasoning for this for a minimum of 2 clients (depending on setting). The student should be able to demonstrate an ability to prioritise tasks and manage time effectively and efficiently. The student should show some ability to modify/ adapt occupations or activities to match the client's occupational performance level.
Week Eight	**To include**
Practice competence for 2nd year level	By week eight, the student can show consistency of their ability to think, plan, organise, demonstrate initiative, and evaluate occupational therapy interventions at a basic level. They can discuss and argue for their reasoning and can communicate effectively with the client and the team. Handover is completed to standard. Final assessment is completed.

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FACT SHEET 6: Competency Expectations by Week – 3rd Year

This fact sheet defines expectations of student performance during each week of placement, although each student may progress through these stages differently, the final outcome should be that the student can demonstrate consistent achievement of the competencies outlined on the Practice Education Assessment Form.

Week One	To include
Supervision agreement & Orientation	Make an agreement on how you are going to supervise your student. A protected time for weekly supervision is planned and informal ongoing supervision is provided. Be explicit that both will provide feedback on performance and outline the expectations you have of the student for supervision preparation.
Review learning objectives	Review Learning contract. Ensure that these are relevant to the placement and CORU standards of proficiency. Set weekly expectations. Students should show learning from their previous placement.
Active Observation	The student should have demonstrated an effective ability to introduce self to others appropriately. They should also be aware of departmental policies and procedures. The student should be asking some relevant questions about cases.
Week Two	**To include**
Active Observation and first participation	In week two, students should actively observe the work of the OT in this setting and begin to use procedural reasoning to explain to the supervisor their understanding of occupational therapy intervention. Students should be investigating and reporting on diagnoses and demonstrating evidence of pre-placement and ongoing reading. They should be able to name the main assessments/ interventions in the placement setting. They should be participating in work tasks.
Week Three	**To include**
Actively observation, & beginning to participate under close supervision	By week three, students should begin to gather information on referrals. Students should be developing pragmatic reasoning of how occupational therapy works in a team. The student should present the educator with written notes, reflective of their active observations. They should begin to participate in aspects of assessment and interventions with supervision e.g. setting the room up for a session. They should demonstrate reflexivity and seek and implement feedback on their performance. The student should ask for clarification if they do not understand something or are not clear what is expected of them. They should be able to begin to participate in client interventions. They should be communicating with team members.

Week Four	To include
Participating under supervision	By week four, students should be demonstrating their communication, intervention, and documentation skills and these should be to an intermediate standard under supervision. They should be demonstrating an understanding of occupation, and be able to apply relevant theory to the practice setting. They should be able to engage a client in meaningful occupations in order to achieve goals. They must show insight into the reasoning for practice decisions correctly and follow through on actions. Halfway assessment should be completed.
Week Five	**To include**
Participating with supervision	By week five, the student should be able to manage time effectively and prioritise tasks. The student should be able to independently complete health care record review/gather information on a client accurately from medical chart. The student should be able to complete basic work tasks. Documentation should be to practice standard with few errors. Students should demonstrate strong communication abilities with clients and team members, demonstrate application of relevant policies, and be able to discuss evidence-informed practice and application of theory.
Week Six	**To include**
Collaborative approach to supervision (coaching style)	By week six, the student should continue developing note skills, needing fewer corrections on content. The student should be able to identify the specific need to liaise with other team members independently. By week six, the student should be able to clearly communicate in a group setting. The student should be able to plan and carry out sessions for a minimum of 2 clients with assistance from their practice educator. The student should be able to analyse activities verbally and in written work.
Week Seven	**To include**
Consolidating practice competence	By week seven the student should carry out full preparation and delivery of sessions under supervision or independently. The student should be able to complete and interpret specific assessments required and explain reasoning for this for approx. 6 clients (depending on practice context). The student should be able to demonstrate an ability to prioritise tasks and manage time effectively and efficiently. The student should show ability to modify/ adapt occupations or activities to match the client's occupational performance level. They can reflect and self-evaluate, show initiative and plan next steps as appropriate.
Week Eight	**To include**
Practice competence for 3rd year level	By week eight, the student can show consistency of their ability to think, plan, organise, use their initiative, and evaluate all occupational therapy interventions at an intermediate level be able to complete straightforward tasks independently. They can discuss and argue for their reasoning and can communicate effectively with the client and the team. They show an enquiring mind about more complex situations and know the limits of their expertise. They complete handover appropriately. Final assessment is completed.

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FACT SHEET 7: Competency Expectations by Week – 4th Year

This fact sheet defines expectations of student performance during each week of placement, although each student may progress through these stages differently, the final outcome should be that the student can demonstrate consistent achievement of the competencies outlined on the Practice Education Assessment Form.

Week one	To include
Week one: Supervision agreement and service Orientation/induction	Make an agreement on how you are going to supervise your student. A protected time for weekly supervision is planned and informal ongoing supervision is provided Apply health and safety and work site policies.
Week one: Review learning objectives	Review Learning contract. Ensure that these are relevant to the placement and CORU standards of proficiency. Set weekly expectations.
Active Observation	The student should have demonstrated an effective ability to introduce self to others appropriately. They should apply departmental policies and procedures. The student should be asking some relevant questions.
Week two	**To include**
Week two: Observing, reasoning and beginning to participate	In week two, students should be able to observe the work of the occupational therapists and begin to use procedural reasoning to explain to the supervisor their understanding of occupational therapy intervention. Students should be beginning to participate in all assessments and interventions. They can begin to network with the multi-disciplinary team, communicating with colleagues professionally.
Week three	**To include**
Week three: Participating under supervision	In week three, students should be beginning to participate more actively, showing initiative and discussing occupational therapy interventions with supervisor. Students should be reflective of their performance in supervision and seek guidance on areas of improvement. They should be developing team working skills and documentation skills. They will apply work-based policies and be self-directed.
Week four	**To include**
Week four: Participating with distant supervision	In week four, students should be participating with initiative within their scope of practice. They will be learning on the thinking, planning, reasoning and delivering of service under supervision. They should be able to prioritise their work, discuss work based challenges and apply evidence informed practice and theory.
Week five	**To include**
Week five: Developing practice competence	In week five, students should be demonstrating their competence. They should be completing all aspects of occupational therapy intervention under supervision when needed. They should be able to explain their professional practice reasoning including their judgment, problem solving and decision-making. Supervision should be a mix of case-based discussion and the exploration of different perspectives to develop their case based thinking. Students should be discussing evidence informed practice with the Practice Educator(s) and demonstrate their learning through reflection and self-direction. Documentation is to practice standard and they are practicing as a team.

Week Six	To include
Week six: Consolidating practice competence	In week six students should be demonstrating an ability to complete occupational therapy interventions leading on assessment and intervention under distant supervision correctly. They should be able to manage some cases/clients and utilise supervision for assistance to standard. They should independent and be able to advocate for the client, communicate formally to team or other stakeholders such as families. They should implement workplace policies and procedures to the correct standard. They should be able to argue for interventions, collaborate with team members and show their application of research and evidence informed practice. They can apply all workplace policies and can operate as a safe practitioner.
Week Seven	**To include**
Practicing as a therapist	In week seven, students should be able to demonstrate that they can be part of the team, practice as a therapist under supervision and complete the daily routines and expectations of a therapist in this context. This includes time management and organisation.
Week Eight	**To include**
Practice competence	In week eight, students should be able to demonstrate that they can consistently work in this practice context with a range of clients. They should clearly be able to identify their strengths and what they need to further develop. They should be able to use a range of strategies to meet their developmental needs. They should be independent thinkers and demonstrate their skills and abilities in working and managing a caseload under supervision.

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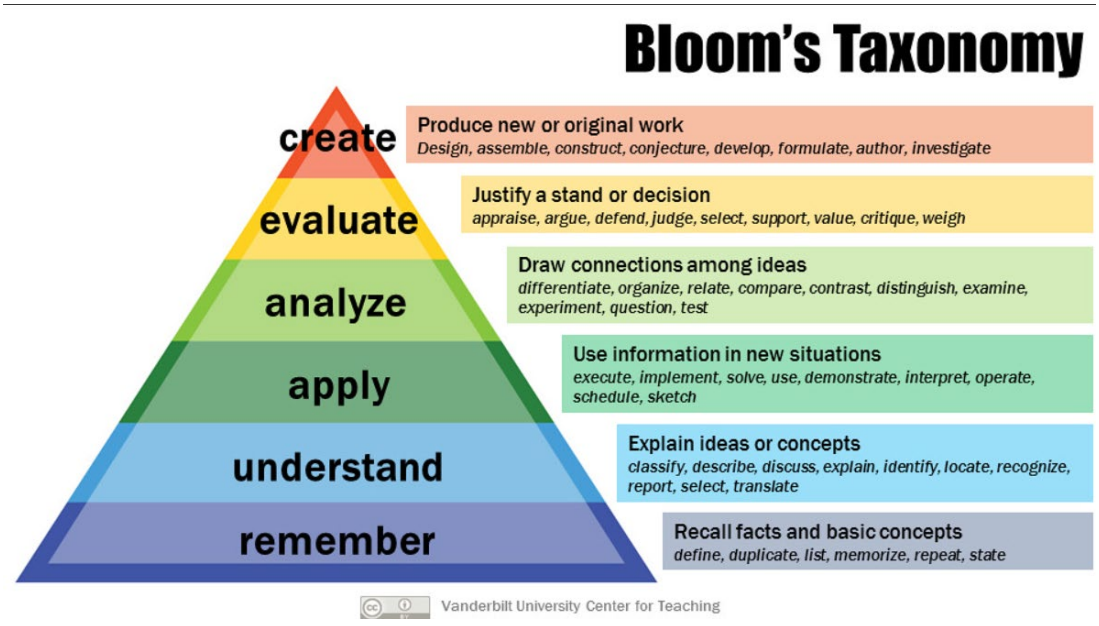
FACT SHEET 8: Guidance on Learning Contracts

A learning contract is a document developed by a Practice Educator and student, it facilitates the student to develop self-directed learning goals in line with professional development competency development, and to optimise unique learning opportunities available within different practice contexts.

The following information aims to assist Practice Educators and students to develop a comprehensive learning contract.

- Students should draft learning objectives prior to starting practice education placement, having reviewed/ reflected on previous placement experiences and opportunities for development.
- The learning contract should be drafted in full by Week 2 of placement, the PE must sign the contract when an objective is achieved. Not all objectives might be achieved - that is acceptable as long as the student can evidence that they made every effort to achieve the objective and achievement was hampered not by lack of effort but by availability of opportunities to complete the goal in practice.
- A learning contract is a 'living' document that can be continuously updated throughout the placement as required.
- Try and make sure each goal is specific, relevant and achievable in the time frame for the student.
- Bloom's Taxonomy of verbs may be useful in drafting learning objectives, further information is outlined in the figure developed by the Vanderbilt University Centre for Teaching (2022) below:



When developing a learning contract, it is useful to consider how learning objectives relate to student competency development, and the Occupational Therapists Registration Board (CORU) Standards of Proficiency for Occupational Therapists. There are eight domains for consideration, mapped to the headings of the CORU Standards of Proficiency, available at https://coru.ie/files-education/otrb-standards-of-proficiency-for-occupational-therapists.pdf . It can be useful to draft learning objectives that map to these domains to ensure relevance.

CORU Standard	Domain
Professional Autonomy and Accountability	1. Role performance (prioritisation, range of responsibility, delegation, coping with unexpected problems, accountability). 2. Decision making and problem solving (when to seek expert help, dealing with complexity, group decision making, problem analysis, formulating and evaluating options and decision making under pressure). 3. Judgement (quality of performance, output and outcomes).
Communication, Collaborative Practice and Team working	4. Teamwork (collaborative work, joint planning and problem solving, mutual learning).
Safety and Quality	5. Awareness and understanding (of other people, contexts, problems and risks, the organisations priorities and strategies).
Professional Knowledge and Skills	6. Task performance (speed, fluency complexity, range of skills) to ensure depth of competency development. 7. Academic knowledge and skills (use of evidence and argument, research-based practice, theoretical thinking, using theory in a range of situations, and using knowledge resources).
Professional Development	8. Personal development (self-evaluation, self-management, building relationships and accessing relevant knowledge and expertise).

Below are some examples of levels for learning contacts/personal development planning:

Level	2nd Year (Level 1)	3rd Year (Level 1)	4th Year (Level 2)
CORU:Professional Autonomy and Accountability **Role performance: Time management**	Is able to prioritise tasks with assistance and complete work tasks in the time frame given. Understands the role of others who tasks are delegated	Is able to manage small caseload for setting. Is able to prioritise work tasks appropriately and complete essential tasks in a timely fashion. Can identify tasks that need to be delegated	Is able to manage part of a clinician's caseload and work tasks to practice pace. Is able to prioritise and complete work tasks in required timeframe. Is able to delegate appropriately

CORU: Professional Autonomy and Accountability Role performance: work tasks	Is able to use initiative in mundane and routine tasks e.g. setting up a room, organising clinics	Is able to use initiative on basic work tasks, e.g. doing a chart review, completing screening etc.	Is able to complete work tasks independently and without prompting e.g. organising clinics
CORU: Safety and Quality Policies and procedures	Reads and can identify the application of policies and procedures	Can apply policies and procedures, particularly risk assessment and health and safety procedures with guidance	Can apply policies and procedures, to the work setting and can discuss complexities of application in supervision
CORU: Communication, collaborative practice and team working Teamwork: Communication skills	Is able to complete communication tasks with other staff informally	Is able to communicate formally with other staff, patients, carers, families and services on routine matters	Is able to communicate informally and formally with other staff, patients, carers, families and services on matters
Professional Autonomy and Accountability Judgement, decision making: Thinking Skills	Is able to demonstrate an understanding of clinical decision making through explanation in supervision	Be able to provide other options when discussing clinical decision making and give sound thinking on why other options may be relevant	Will be able to initiate and lead on one innovative or new decision making based on evidence- based practice that will benefit the service /service users
CORU: Professional Knowledge and Skills Task performance	Be able to complete simple and straightforward skills e.g. assessment/s under supervision	Be able to complete tasks with guided participation e.g. do assessment/s with some complexity with guided participation.	Complete autonomously e.g. do assessment/s with some complexity but able to report to educator identifying work completed.
CORU: Professional Knowledge and Skills Academic Knowledge: Theory	Describe or explain theory relevant to the setting	Select an appropriate model of practice/theory and apply their choice to clients	To be able to integrate theory into everyday practice
CORU: Professional Knowledge and Skills Academic Knowledge: Evidence based practice	Be able to identify one/two key research used in this setting	Be able to apply evidence-based practice in discussion with practice educator in supervision	Be able to analyse, critique, select and apply evidence in practice by leading discussions in supervision
CORU: Professional Development Personal Development: Learning Behaviour	Identifies relevant questions and uses reflection with educator to develop plans of development	Seeks confirmation of tasks to be completed. Active reflector with educator with detailed and relevant onward planning to develop	Seeks guidance and supervision as needed with insight into abilities, strengths, needs and weaknesses. Evidences reflection in supervision with planning

CORU: Professional Development **Attitude to feedback**	Is able to listen to feedback from educator and voice a plan of changes to be made	Is able to listen to feedback from educator and others. Is able to voice a plan, and implement that plan of changes to be made to practice	Is able to self-evaluate performance and seek clarification or elaboration from educator and others. Is able to voice a plan, and implement that plan of changes to be made to practice

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FACT SHEET 9: Case Study Assignments

During practice placements, students need to select a case study client. This is a typical service user of the service and is chosen in collaboration with the Practice Educator. The service user selected should be typical of the practice context, in 4th year the case should have some complexities or challenges and should demonstrate graduating competence.

2nd Year PE	3rd Year PE	4th Year PE 3/ Block 1	4th Year PE 4/ Block 2
5,000 word written case study submitted to the University	5,000 word written case study submitted to the University	5,500 word written case study submitted to the University	5,500 word written case study submitted to the University

The student **may** present the case study to the Practice Education site team towards the end of their placement for formative feedback only. The case study is marked by the Practice Education Coordinator and lecturers. **The marked case study is a separate module to Practice Education and therefore the mark does not impact on the Practice Education pass/ fail grade.**

Roles in the case study

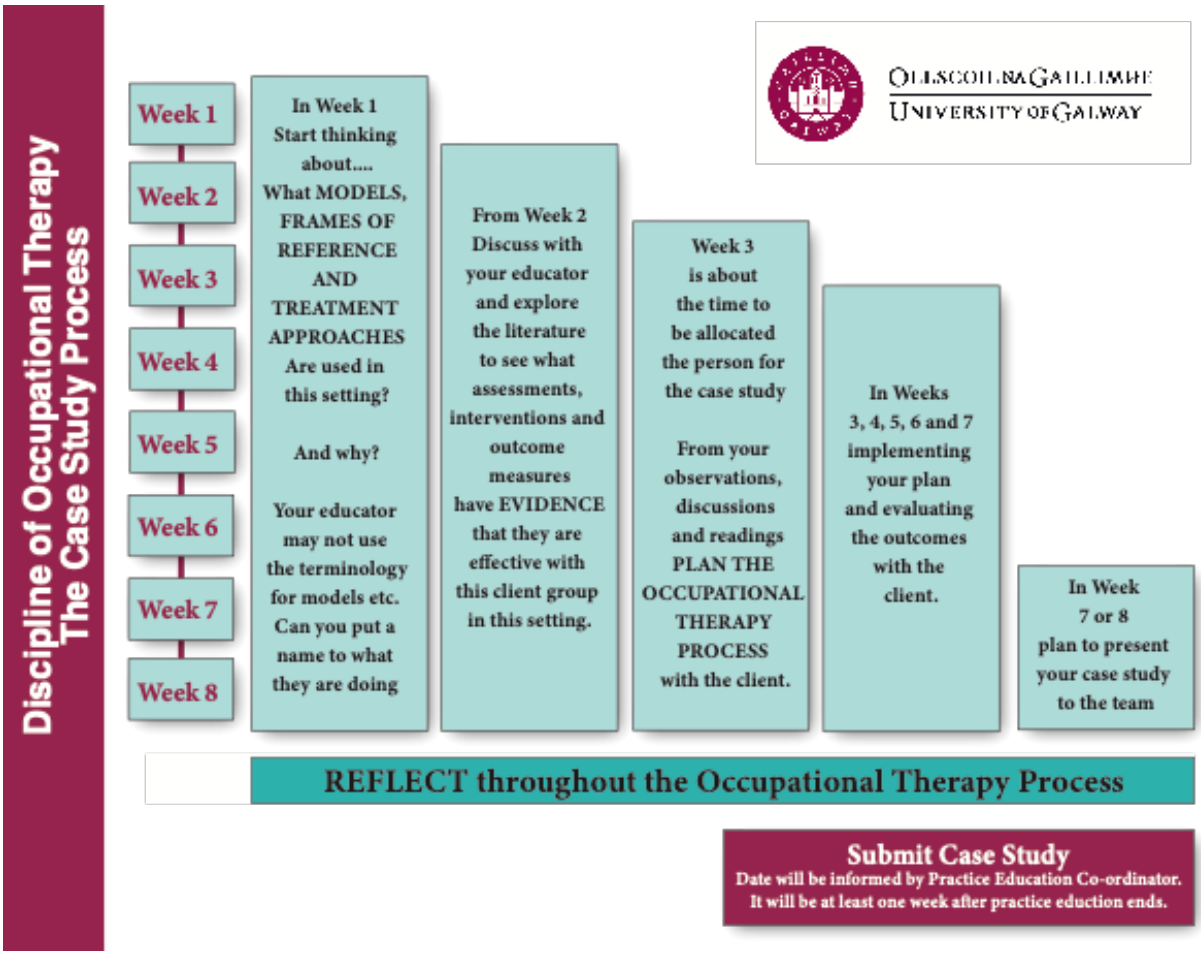
Student Responsibilities	Shared	Practice Educator (PE) Responsibilities
The student has been provided with guidelines for the case study	The case is chosen in collaboration with the Practice Educator by no later than week 5 of placement.	The Practice Educator should facilitate opportunities for the student to work with the chosen service user.
It is the responsibility of the student to complete the case study.		The PE should discuss and explore the application of theory, evidence-based practice and clinical reasoning with the student.
The student **may** present the case study to the Practice Education site team.		The PE **can** provide formative feedback on the case study presentation. (Form to be completed).
The placement setting is not critiqued or marked in the case study and students who fail the case study have done so because they have not met the marking criteria.		Practice Educators are not expected to mark or comment on drafts of the case study.

For 4th year the student should show independence in leading, planning and delivering OT to this service user but also seek assistance appropriately when required.		The PE should provide feedback to the student if they are getting too focused on the case study and remind them to avail of the learning opportunities placement offers and that they need to demonstrate overall competency in all assessment areas.

Informed consent must be obtained from the service user in relation to the student's case study. Local consent forms may be used, a template for consent for case study is provide din FORM 9 Consent for Case Study. Completed consent forms should be stored securely as appropriate for the duration of the student placement.

The student **<u>may</u>** present the case study to the Practice Education site team towards the end of their placement (i.e. Week 7 or 8) for formative feedback only. The case study is marked by the Practice Education Co-ordinator and lecturers. **The marked case study is a separate module to Practice Education and therefore the mark does not impact on the Practice Education pass/ fail grade.**

Overview of the Case Study Process



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FACT SHEET 10: Guidance for students on looking after their health and well-being on practice education placement

Placement is an exciting opportunity for you to learn and to develop your clinical skills. The University and the placement providers want your placement to be a positive experience for all concerned. You can be pro-active in making this a positive experience for yourself. Some ways in which you can do this are outlined below:

Before Placement

- Prepare well for placement. Attend your "Preparation for Practice" sessions, and do all the preparatory work assigned by the Practice Education Coordinator and you Practice Educator, this will really pay dividends to your performance on placement!
- When your placement is allocated to you, read the relevant "site profile" and follow any advice given. This will show your educators that you are taking responsibility for your learning, and will help your confidence as you start your placement. It will also help you to make a good first impression!
- Link in with your Practice Education Coordinator to discuss any learning needs, health, or other issues which might impact your placement as soon as possible. Your Practice Education Coordinator will if necessary:
    a. Help you to devise a plan & strategies which will be helpful in overcoming any issues that might arise for you on placement.
    b. Help you to decide how best to share this information with your practice educator, if you choose to do so.

During Placement

- You are encouraged to share any health issues or learning needs (which might impact placement) with your educator at the start of placement, so that your needs can be reasonably accommodated throughout the placement. It is important to make these needs known as early as possible. The Practice Education Coordinator can support you in preparing for these processes.
- You may not always have a fellow student with you on placement. Therefore, it is important that you keep in touch with the university, family, friends, and fellow students throughout the placement.
- Look after your health on placement:
    1. Balance: Develop a structured, balanced routine that enables you to complete everything you need to get done for placement, but which also includes time for socialising and leisure.
    2. Exercise: Include 30 minutes of exercise in your routine every day as a way of managing stress and maintaining good physical health. You may find a local sports club that will let you join them for the duration of your placement.

3. Eat Well: Eat a healthy, balanced diet. Placement involves long days and requires a lot of energy and health reserves. It is advisable to have breakfast before you start your day!
4. Get Adequate Rest. Any new placement experience can be tiring – especially during the first few weeks.
5. If you are feeling very stressed or overwhelmed, talk to someone who can help you:
    - Your Practice Educator, the Practice Education Coordinator, practice tutor, or regional placement facilitator.
    - Your Student Support Officer, more information available here: https://www.universityofgalway.ie/cmnhsstudentsupport/
    - Your University of Galway University Counselling Service. Ways of accessing this service are outlined below.

The University of Galway Student Counselling Service

The University of Galway Counselling service can be contacted directly via: Student Counselling Service - University of Galway

This webpage also has useful self-help information including factsheets on a range of issues that can sometimes affect students, and student experience videos. There are two online self-help programmes, Silver Cloud and Participate which you can access. Remote supports or phone support can also be available if you experience particular difficulties while on placement.

REFERENCES

Association of Occupational Therapists of Ireland (2012). *Mental Health Tips for Students: An Occupational Therapy Perspective. Dublin, Ireland:* Association of Occupational Therapists of Ireland (AOTI) Mental Health Advisory Group.

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FACT SHEET 11: Guidance on supporting struggling with competency-related concerns

There are many reasons that why a student may be struggling to attain competencies on placement, and it is important that students have the opportunity to discuss if there are medical, psychological or personal issues impacting on their performance.

It is important that you liaise immediately regarding any concerns of underperformance with the Practice Education Co-ordinator at the University, so that you as a Practice Educator, and the student can avail of appropriate supports.

The most important action is to contact the Practice Education Co-ordinators to discuss your concerns as early as possible

Contact Details: otpracticeeducation@universityofgalway.ie Tel: 00353 (0) 91 495294
Email contact is preferred in the first instance as messages may not be picked up

Student Responsibilities	Setting expectations	Feedback and Supervision
Make a timetable and make notes in diary of tasks to be completed each day	Ensure that site specific competencies have been completed	Dealing openly with any issue as it arises. Being clear- no ambiguity
Take notes of meeting content, make lists of questions to be asked, feedback on actions completed and incorporate into an end of day meeting	Remediation contract (Completed with Practice Education Co-ordinator or Practice Tutor). Enables regular goal setting/ reviewing	Ask the student to present mini case studies in supervision and topic presentation
Summarise self- directed learning in supervision	Make a timetable and make notes in diary of tasks to be complete	Check portfolio and reflections
Discuss actions completed or needed from educator to address performance concerns	Learning contract- completing early and using as a tool- dynamic and on-going	Documenting everything (relevant information on strengths and weaknesses), weekly supervision
Be able to self-reflect on your performance honestly and listen and act on feedback given	Openness and clarity around level of competency	Take time to get feedback from OT colleagues and MDT

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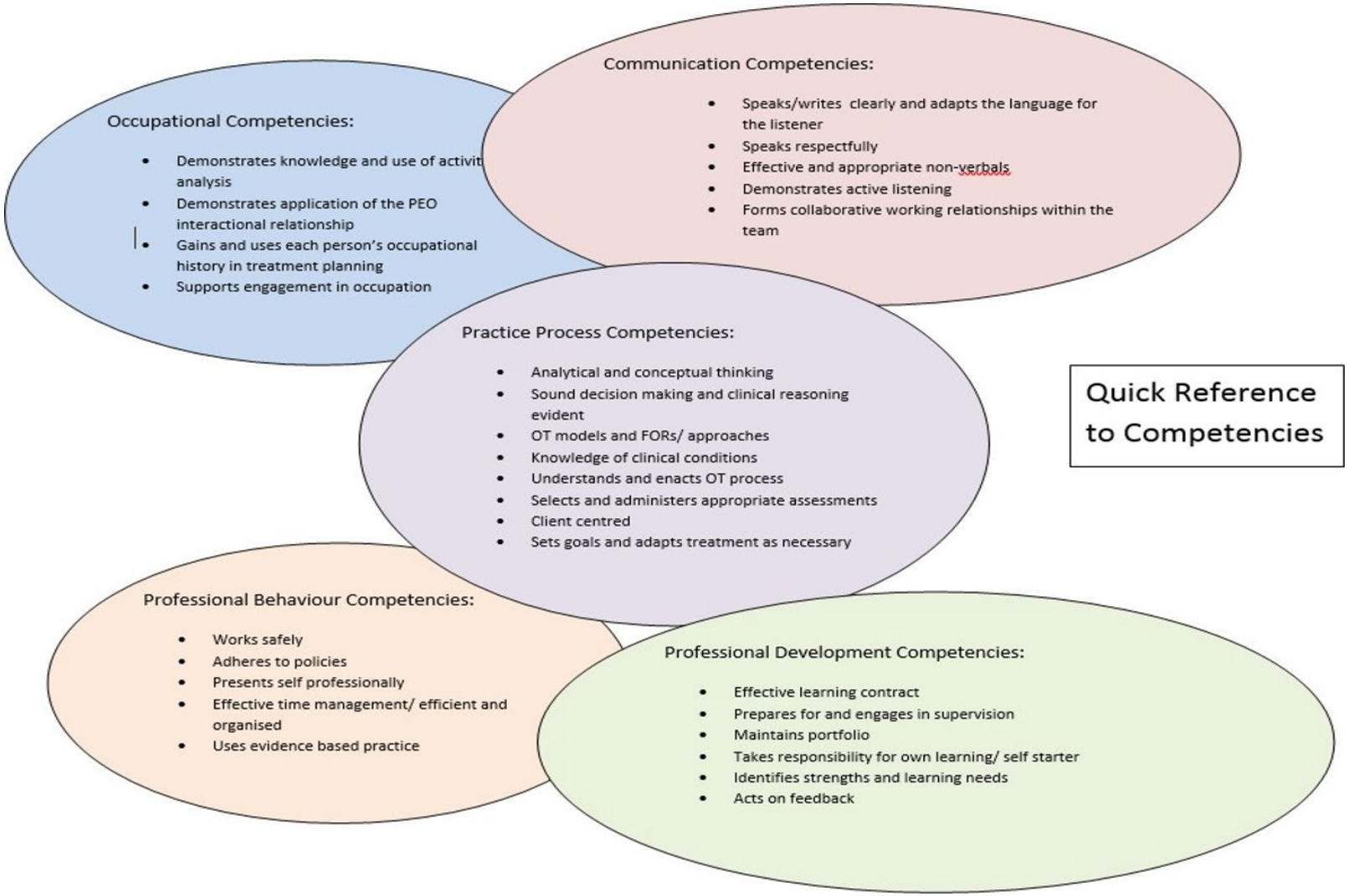
FACT SHEET 12: Summary of 4th Year Competencies



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FACT SHEET 13: A student guide when completing academic assignments and use of client records

Students are required to adhere to data protection and client confidentiality policies at all times during practice education placements, and when completing academic assignments. Students must undertake the appropriate HSE Land training in General Data Protection Regulations, and ensure they adhere to local policies related to data protection and client confidentiality at all times, before, during and after placements.

What is Personal information?
"Personal information" is information about a person that is only known to the individual, their friends or family or held by an organisation on the understanding that it would be treated as confidential and can relate to information including but not limited to financial, educational, psychological, medical and employment history of an individual (Government of Ireland, 2014).

What is a client record?
A record includes printed material, map, plan, drawing, film, disc, tape, or other electronic device in which data (visual or otherwise) can be reproduced or a copy of the aforementioned (Government of Ireland (2014). The Data Protection Act (1988, 2003) is very clear about the responsibilities of all who come in contact with information or data and it is a legal requirement that data is kept secure and confidential; those who access client records are responsible for:

a) Complying with policy terms and all other relevant HSE policies, procedures, regulations, and applicable legislation
b) Respecting and protecting the privacy and confidentiality of the information they process always (Health Services Executive, 2010)

Student requirements
During practice education placements, students are asked to complete reflections, a portfolio, and a case study that include interactions with clients. While completing the required work, students will work directly with clients; they will have access to client records, which include personal and social history, diagnosis, and past medical history in addition to the current condition, therapeutic goals, and occupational therapy interventions. They may be inputting information into the records.

Occupational therapy students are required to adhere to ethical, legal, and professional requirements that inform safe and ethical occupational therapy practice and respect confidentiality just the same as occupational therapists at graduation, senior and clinical expert level (Clyne, Hamilton and McCourbrey, 2008). Therefore, it is important that students

treat the information they have access to confidentially. They are required to adhere to the placement site's policy guidelines. Things to remember when completing reflections, case study and portfolio:

a) No copy of an actual client record of any description can be used while completing a reflection, case study or portfolio, even with identifying information blanked out or removed.
b) The disclosure of confidential information is only permissible where the client gives consent. Therefore, upon the client's consent to be a case study subject, their condition, social and demographic information can be used but without including any identifying information e.g. their name, placement site, or other identifiable information.
c) Blank copies of documentation such as referral; initial assessment; assessment (without breach of copyright); onward referral form or other forms used in the portfolio may be used with permission of the placement site. Copyrighted tools must not be included.

REFERENCES

Clyne, A., Hamilton V. and McCourbrey, C. (2008) *Therapy Project Office: Occupational Therapy Competencies.* Available at https://www.iaslt.ie/media/e1ed1biz/practice-educator-competencies.pdf (Accessed: 14th November 2025).
Government of Ireland (2003) *Data Protection Act 2003.* Dublin: The Stationery Office.
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FACT SHEET 14: Guidance on reflection in practice

Reflection is a central component to learning as thinking back on an event or an activity, turns an experience into learning. Reflection is critical in the process of developing competence. This fact sheet offers some guidance to students and educators on how to ensure that reflective discussions are part of placement. Students need to learn how to act and to think professionally and reflection is an essential method to develop the skills required for practice. Reflective learning is accelerated by support, so guided reflection is good in the early stages of the placement but then students should be directed to start reflective conversations and finally to use their initiative when reflecting.

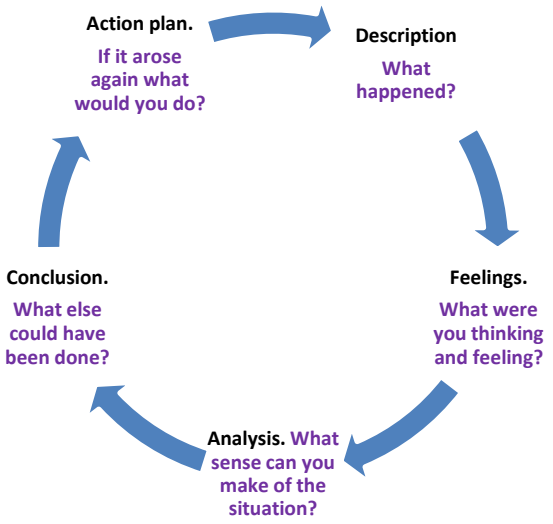
For more information see McClure, P. (ND) Reflection in Practice, Available at https://www.bradfordvts.co.uk/wp-content/onlineresources/teaching-learning/reflection/reflection%20on%20practice.pdf

Further useful information is available here https://reflection.ed.ac.uk/reflectors-toolkit

Gibbs Model of Reflection (Gibbs, 1988)

Using Gibbs Model

Reflection after an evident. Students can remind educators prior to their next event that they are implementing their plan and then the next reflection can occur.



This model aims for students to explore what went well, what did not go well and to make sense of the event so that they can have a plan going forward. The analysis stage should explore the 'why did it go that way' of the situation and to explore different/new ideas and approaches towards doing or thinking about things to prepare for the next time around. Sometimes that means looking at literature, theory, but it must include consideration of the

differing influencers (e.g. people, processes, environment, expectations, assumptions, power, authority, observations, responses, etc.). It is important that students identify their strengths and their weaknesses and make an achievable plan to do things differently next time (e.g. in preparation, in participation, in approach, in communication, in thinking, in doing, in decision making, in problem solving etc.).

An example of a superficial plan would be "I will try and communicate better next time". A better plan might be "I need to ensure that I am empathetic and responsive to the person, develop listening skills and these are the strategies that I intend to use to achieve this… a) b) etc. These have been identified through my analysis and c) identified through reading theory or texts.

Johns' Model of Structured Reflection (Johns, 1995)

This model is a more formal process than Gibbs and is recommended for significant events or later in the student's progression in the placement. This structure may more effectively fit into supervision.

1) Home the mind to focus on the experience (Attend)

2) Focus on the event or experience. Focus on the experience that seems significant (Aesthetics)

Reflect on ME

· How was I feeling? (personal)
· What was I trying to achieve? (Aesthetics)
· Did I respond effectively and in tune with my values (Personal)

Reflect on OTHERS

· How were others feeling? (Aesthetics and Reflexivity)
· What made them feel that way? How did you know this? (Aesthetics)
· What were the consequences of my actions? For the patient, for others, for myself (Aesthetic)

Return to ME

· What factors influenced the way I was feeling, thinking, or responding? (Personal and Ethics)
· What knowledge did or could have informed me? (Empirics)
· To what extent did I act for the best?
· How does the situation connect with previous ones? (Reflexivity)

3) MY Future Practice:

· What insights do I draw from this experience? (Reflexivity)
· How might I respond more effectively given this situation again? (Reflexivity)
· What would be the consequence of alternative actions? For the patient, others, myself (Reflexivity)

4) Looking After ME

· How do I feel now about the experience? (Reflexivity)
· Am I now able to support myself and others better as a consequence? (Reflexivity)

5)How has this changed by way of knowing? (Reflexivity)

6) What do I now need to learn, what is my plan to move forward?

This model aims to create greater self-honesty, and this is done by standing back and taking a critical view of a situation to identify desirable intent from actual practice. This creates an opportunity to develop an understanding of oneself that cannot be taught. Reflection is an

opportunity to analyse subtle decisions, actions, or judgements made and respond with appropriately considered future action. This cannot all come from within, so other people's perspectives, theory, policy, law, best practice, evidence, research, or ethics may also inform some sections but particularly when considering empirics (the relationship of knowledge to reality of practice) to plan future practice.

A superficial plan would be "Next time in the team meeting I will ensure I am more assertive in communicating the occupational therapy perspective". A better plan might be to a) read on communication in team meetings b) read or research the policy, protocol of the meetings c) discuss with key colleagues their views prior to the meeting to identify strategies they use to deliver key messages e) provide a short report to the key decision maker to ensure that they have information prior to the meeting e) listen and identify at the next meeting the core messages that the team need to make a decision f) ensure that I have the right information that the team needs from Occupational Therapy perspective h) ask the chair for time to present at the meeting as I have relevant information to deliver I) write a script h) afterwards seek feedback from the team on information delivered.

Gibbs, G. (1988). *Learning by Doing: A Guide to Teaching and Learning Methods*. Oxford,UK: Oxford Further Education Unit.
Johns, C. (1995). Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing, 22*, 226-234.

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FACT SHEET 15: Student Supervision

Supervision is an integral part of Practice Education for students. The educational and supportive supervisory functions of Practice Education supervision are closely aligned to those of professional supervision for qualified staff; therefore, the experiences that students gain from being supervised and of taking on the responsibilities of being a supervisor begin early in an Occupational Therapist's career (Professional supervision in occupational therapy, AOTI, 2010). Supervision should have protected time, be in a private space, recorded and signed by all parties. Supervision can be separated into the following sections:

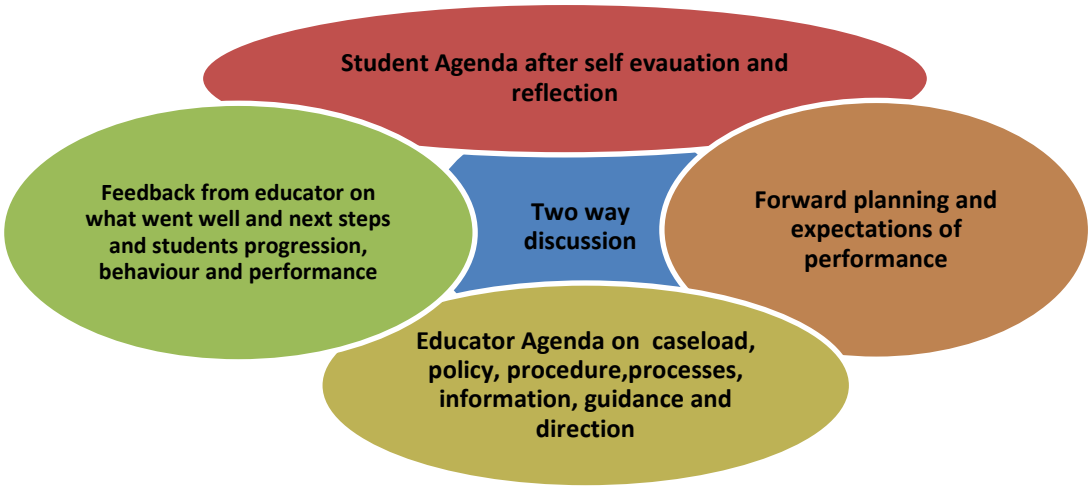
Competency Review (Learning and Development): Progress from last week (including student self-appraisal from reflection), what went well, what were the challenges, what is to be completed by the next week and to what standard.

Development of reasoning and reflection (Developing practice thinking): Discussion on case study or other cases regarding the occupational therapy process, best practice, local policy and procedure, application of theory or duty of care. Encourage multiple perspectives including those of the service user to develop critical thinking skills.

Support and encouragement (Developing as a professional): Discuss personal challenges of working in this setting and strategies for management of self and as well as professional approaches to others. Practice Educators need to give space for students to be supported in managing emotions, stress and anxiety generated from new experiences on placement. They are being socialised into the profession so supervision can facilitate a sense of 'belonginess' to this placement and to the profession.

Accountability (Developing professional autonomy and confidence): Ask student to report on how they have used their initiative this week, such as what they have researched or read, what progress they have made on project work or what ideas they have for the development of new resources. Encourage and reinforce appropriate use of time in the workplace as they need to develop as independent and proactive professionals.

The Supervision process



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FACT SHEET 16: Guidance when co-supervising a student with a colleague

What is co-supervision?

Co-supervision (AKA shared supervision, or 1:2 model of placement) is where two practice educators facilitate one student on a practice placement.

Benefits of co-supervision

For Educators	For Students
Shared documentation and assessment requirements can alleviate time pressures (1, 3)	Exposure to different therapist and variety of skills and therapeutic styles (2, 3)
Assists in management of student issues (2)	Access to a variety of support and perspectives to support learning (2, 3)
	Enhanced opportunities for teamworking and communication skills (2,3)

Points to consider (and actions to mitigate)

For Educators	For Students
Clear communication required between educators to ensure consistency (1,2) Use the co-supervision checklist	Enhanced student self-directedness and flexibility required – to consider when allocating students (1,3)
Preparation for placement (co-supervision planning) required. Use the co-supervision checklist and contract.	

What to consider when considering a co-supervisor?

Firstly, make sure you are open to working together, consider can you:

Trust each other and each other's judgement	Ensure you are equally committed to taking a student
Be flexible and adaptable; have a plan B!	Be aware of your own and your co-supervisor's learning and teaching style and agree on topics where your style differs

Complete the co-supervision checklist and co-supervision contract with your colleague.

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Practice Education Co-Supervision Checklist:

Before the placement: Preparation is key

Meet together before the student arrives and make a clear plan of the following:

- Who is providing supervision and when does it happen?
- Have agreed procedures around unexpected leave or absence
- Plan a clear induction, which outlines the structure and organisation of the placement
- Provide a timetable for the student- who are they with and when
- Agree a contract, see below

During the placement: Communication is key

- Communicate with each other regularly and be clear about the students' objectives
- Plan to meet all together (with the student) at half way and final assessment
- Ensure student handover is given before each swap in supervisor
- Plan how it will work best to handover information about the student- phone call, email, communication book
- Discuss and monitor student workload and expectations

Documentation: Clear documentation is vital, supervisions sessions should be shared.

Supervision: Ensure you have protected time for formal supervision and to catch up with your co-supervisor. Supervision can be delivered by either supervisor, together or separately but both must have input to the feedback given during supervision.

After the placement: Reflection is key

Set aside some time to debrief, answer the following: What worked well? What could we do differently next time? Any feedback from the wider OT team should be considered.

REFERENCES

1. Gallagher A, Cahill M (2025), "An exploration of the experience of co-supervision practice education placements from the practice educator perspective". *Irish Journal of Occupational Therapy*, Vol. 53 No. 2 pp. 87–93, doi: https://doi.org/10.1108/IJOT-01-2025-0005
2. Pope, K., Barclay, L, Dixon, K., Kent, F. (2023). Models of pre-registration student supervision in allied health: a scoping review. *Focus on Health Professional Education: A Multi-Professional Journal*, *24*(2), 27-62. https://doi.org/10.11157/fohpe.v24i2.559
3. Forfa, M., Helfrich, C., & Simon, R. (2022). Perceptions on Non-traditional Models of Fieldwork Supervision. *Journal of Occupational Therapy Education, 6* (1). https://doi.org/10.26681/jote.2022.060111

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FACT SHEET 17: Students with disabilities and Reasonable Adjustment Plans

What is a Reasonable Adjustment Plan?
The University is required to provide reasonable accommodations in order for students with disabilities to complete placement. Reasonable accommodations are any action or that contributes towards the alleviation of disadvantage due to the student's disability or illness. Students who require reasonable accommodations are registered with the Disability Services of The University of Galway. Their disability has been formally assessed. It is a legislative requirement that accommodations are made in placement

Guiding Legislation
The Employment Equality Acts, 1998, 2004, and 2010 (relating to work experience, work placement, and apprenticeships undertaken as part of an educational course), Equal Status Act 2000, 2004, 2010 and the Disability Act 2005.

What is a reasonable adjustment plan?
It is a plan that sets out the envisaged limitations that the student might experience on placement and accommodations for how this can be positively managed. All stakeholders, student, practice educator and practice education coordinator have responsibilities to ensure that the plan is implemented.

How is a reasonable adjustment plan created?
The Practice Education Co-ordinator, a member of Disability Services and the student jointly create the plan to ensure it is realistic, relevant and achievable for placement.

Does the student have to declare their diagnosis?
No, the student does not have to declare their diagnosis, this is confidential but some students will choose to disclose this. If the student does not disclose their diagnosis, their confidentiality must be respected.

My student wants to amend the reasonable adjustment plan whilst on placement.
Amendments can be made to plan if both parties agree them and are reasonable to the practice in that setting. If the practice educator considers that the students requests for amendments are unreasonable they should contact the Practice Education Co-ordinator and discuss

How do I ensure the plan is working for the student?
Discuss with the student how the plan is working out in supervision. The student does have equal responsibility with the practice educator to make sure that the plan is being implemented satisfactorily.

Do I have to change my expectations of performance for a student with a reasonable adjustment plan?
No, the student must still meet the expectations of the placement and the same level of competency of other students at the same level. They may however need additional time so their pace may be reduced.

What if I am concerned that the student's disability is limiting their ability to achieve competency?
In this circumstance, contact the Practice Education Co-ordinator as soon as you have concerns.

More detailed information
https://www.universityofgalway.ie/disability/studentinformation/placement/

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FACT SHEET 18: Practice Educator communication with Practice Education Coordinator during practice education placement

The Practice Education Coordinator is available by phone/email throughout placement to address any matters arising during placement. Practice Educators are encouraged to contact the Practice Education Coordinator should they have any queries.

Below is a summary of regular contacts with Practice Educators throughout placement:

- Pre- placement allocation email (including practice education documentation, insurance, placement agreement forms, etc.)
- Pre-placement briefing meeting (online)
- Preparation for placement Week 1 email (including assessment, supervision, learning contract documentation)
- Weekly check in emails (Weeks 1-8) throughout placements, including reminders of key tasks and competency expectations throughout placement
- Halfway visit/ phone call (optional) to support student reflection and planning for competency development in second half of placement
- Post placement feedback using the National Quality Framework for Practice Education Evaluation Tools
- Post placement de-brief (optional)

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FACT SHEET 19: Student Support whilst on placement

The Practice Education Team are here to support you in the event of experiencing challenges during your placement.

It is important to contact the Practice Education Coordinator as early as possible to support you in this process.

If you are having challenges on your placement, your personal life, or if you are feeling stressed or unwell contact the Practice Education Coordinator via email to arrange a call to discuss the challenges. Phone calls can take place in the evenings if required.

If you are having competency-related challenges on placement

The Practice Education Coordinator will discuss these challenges with you, and strategies to support your learning on placement.

There are supportive mechanisms and pathways to support student learning on placement (see Protocol 27). The Practice Education Coordinator will support you and your Practice Educator with these processes.

A plan will be devised to support your learning and development on placement.

If you are having challenges in your personal life that impact your placement

The Practice Education Coordinator will discuss these challenges with you and may direct you to appropriate supports as needed. Each situation will be addressed on a case by case basis, linking with relevant staff as appropriate. Options such as flexibility in placement attendance to attend appointments, or withdrawal from placement will be considered on a case-by-case basis.

If you are feeling stressed or unwell

The Practice Education Coordinator will meet with you, with a view to fully supporting you, and may direct you to appropriate supports as needed. Each situation will be addressed on a case by case basis, linking with relevant staff as appropriate. Options such as flexibility in placement attendance to attend appointments, or withdrawal from placement will be considered on a case-by-case basis.

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FACT SHEET 20: Placement Communication with Students

The Practice Education Coordinator is available by phone/email throughout placement to address any matters arising during placement. Practice Educators are encouraged to contact the Practice Education Coordinator should they have any queries.

Below is a summary of regular contacts with students throughout placement.

Before placement

- Pre-placement preparation lectures
- Pre-placement preparation meeting with Practice Education Coordinator (on request) to support development of reasonable adjustment plan
- Review of placement passport by Practice Education Coordinator (on request)
- Student placement allocation email

During placement

- Preparation for Week one email (to include important documentation for Week 1, expectations, and other important reminders).
- Weekly check in emails (Weeks 1-8) throughout placements, including reminders of key tasks and competency expectations throughout placement
- Halfway visit/ phone call (optional) to support student reflection and planning for competency development in second half of placement
- Post placement feedback using the National Quality Framework for Practice Education Evaluation Tools.
- Post placement de-brief.

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FACT SHEET 21: Student Placement Risk List

Below is a helpful list the University of Galway practice education team has identified of possible risks that may be encountered for a student going on clinical placement. As part of this project relevant HSE policies currently in place and control measures to address these risks have also been supplied. Occupational Therapists and students may find this list helpful to identify risks for your specific practice education site and any beneficial controls you may put in place.

RISKS:	CONTROLS IN PLACE:	Identified placement site risks and Actions:
Manual handling • Working with individuals during transfer assessments/ Bathing assessments • Transferring patients • Handling assistive equipment • Use of display screen equipment and desk-based work (e.g. risk of musculoskeletal disorders or injury)	HSE Manual Handling and People Handling Policy 2025 • Students complete in person manual handling training prior to commencing placement (see Protocol 42). • Students complete the HSE Land manual handling e-learning module prior to placement (see Protocol 42) • Practice Educators agree to provision of a safe learning environment for students, and should provide a copy of relevant policies and procedures during induction to placement (see Protocol 42).	

Exposure to infection • Student exposure to bodily fluid (e.g. through contaminated equipment) • Student exposure to contaminated environments	In accordance with the HSE Guidance for Clinical Placements (updated 2026) students complete the HSE Infection Prevention Control Learning Programme on HSE Land prior to placement, including instruction in use of Personal Protective Equipment (PPE). • Students receive instruction in hand hygiene procedures annually. • Placement providers agree to provision of a safe learning environment for students, and should ensure that appropriate resources are available to students to maintain their health and safety on placement (see Protocol 42). HSE policy on prevention and management of latex allergy: https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-policy-on-the-prenvention-and-management-of-latex-allergy/ HSE Personal Protective Equipment: https://healthservice.hse.ie/staff/health-and-safety/personal-protective-equipment-ppe/	
Exposure to infection (e.g. Covid 19, influenza, MRSA)	In accordance with HSE Guidelines for Clinical Placements (updated 2026) students will complete Infection Prevention and Control training prior to placement, and hand hygiene training (see protocol 42). https://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/HSE%20Guidance%20on%20Clinical%20Placements%20in%20HSE%20Facilities%20and%20HSE%20Funded%20June%202026.pdf	

	• Placement providers will provide a safe learning environment and appropriate induction and resources to maintain a safe learning environment. • Students and Practice Educators will ensure that student presence in clinical areas is limited to necessary times and numbers (as per HSE Guidelines for Clinical Placements). • Students will not present to placement should they experience symptoms of acute infection such as symptoms of febrile respiratory tract infection or gastroenteritis. See Protocol 21 for procedures related to student absence from placement. • Prior to commencing placement, students complete an Occupational Health Pre-Placement Health Assessment, including vaccination schedule as determined by the Student Health Unit (see Protocol 3 for details). **HSE flu clinics**. Please link with Practice Educator/ service lead for contact details of local Occupational Health department for advise on dates on flu vaccination clinics which may be available during your placement. Contact local occupational health department to clarify and questions or concerns.	
Exposure to Bullying/Harassment	The Practice Education Coordinator should be notified should any concerns arise. The University of Galway and the HSE have policies in place to address concerns related to bullying and/or harassment. University of Galway student anti-bullying policy: https://www.universityofgalway.ie/media/studentservices/files/QA600-Student-Anti-Bullying-Policy.pdf	

	More information about HSE policies related to prevention and management of bullying are available here: hhttps://www2.healthservice.hse.ie/files/130/	

Student Illness or Injury on Placement
• Student presenting with illness on placement
• Student injury occurring during placement – needlestick injury
• Student injury occurring during placement in clinical environment – accidental
• Student injury occurring during placement in non-clinical / community environment – accidental
	Placement providers should follow local policies and procedures for incident management involving students.
	• In the event of student injury or illness, students should be facilitated to access appropriate medical advice, including directing to Occupational Health/ GP/ out of hours services and fees as applicable. Where relevant, accident/ near miss reporting should follow local policies.
	  • Needlestick Injury: Contact local Occupational Health department to clarify any questions or concerns.
	  • The Practice Education Coordinator should be notified as soon as possible so that supports can be provided to the student and Practice Educator if necessary.
	
	Further information regarding student absence due to illness is outlined in Protocol 21.	

Travel • Students commuting to/from placement sites • Students attending home visits or travel in the working day • Students travelling in their own private vehicles • Students travelling with their Practice Educator	Follow guidance for HSE Lone Working policy [https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-policy-and-guidance-on-lone-working-2022/] or relevant local policy. • Students should ensure to bring their mobile phone, ensure it is charged, turned out, and has phone credit so they can contact others as needed. • See Protocol 9 for requirements where students use their private car during placement. Vehicles must be appropriately insured, taxed, and fit for use.	

	• Students using their cars on HSE sites must complete the car insurance disclaimer forms in advance of placement.	
Adverse Weather • Students commuting to/from placement sites • Students attending home visits or travel in the working day • Students travelling in their own private vehicles • Students travelling with their Practice Educator	Students should dress appropriately and be prepared for possibility of adverse weather in the course of the working day (see Protocol 15) • Students should follow directions according to local policies in the event of adverse weather. • Link with Practice Educator if adverse weather conditions are in place during your placement, do not attempt to drive to placement site you feel it is unsafe to do so. Inform the Practice Education Team of inability to attend placement due to weather conditions. HSE Red Weather Event policy: https://www2.healthservice.hse.ie/organisation/national-pppgs/red-weather-event-policy/ HSE 'Be Winter Ready' booklet: https://assets.hse.ie/media/documents/Be_Winter_Ready_leaflet_2024-2025.pdf University of Galway policy on campus closure due to severe weather: https://www.universityofgalway.ie/media/buildingsoffice/files/policiesandprocedures/QA169-Campus-Closure-due-to-Severe-Weather.pdf	
Working with vulnerable children and adults (risk to service users)	• Garda vetting procedures prior to placement (Protocol 2)	

• Student identifies risk to service user • Student involvement in incident where open disclosure is required	• Students complete 'Children First', 'Safeguarding Vulnerable Adults at Risk of Abuse' and 'Open Disclosure' HSE Land training prior to placement • Lone working should be minimised where possible. • Practice Educators should ensure that students are provided with contact details for relevant contacts (e.g. social work, Gardaí, etc). Local policies related to safeguarding should be provided to students at induction. Student must familiarise themselves with local policies and procedures Students undertake training in Open Disclosure (HSE Land) prior to placement, and should follow the HSE Open Disclosure policy and any relevant local policies. Students should avail of support from their Practice Educator and the Practice Education Coordinator where appropriate to support them in this process.	
Lone Working • Commuting to/from placement sites and/or visits • Work hours (some students may start earlier/later than Practice Educator due to transport)	• Follow guidance for HSE Lone Working policy https://www2.healthservice.hse.ie/files/172/ and any additional local policies in place. • Lone working should be minimised where possible. Students should ideally be accompanied by another staff member/ student during community-based work. • Students should ensure to bring their mobile phone, ensure it is charged, turned out, and has phone credit so they can contact others as needed. The Practice Educator/ designated team member should be contactable.	

	• See Protocol 9 for requirements where students use their private car during placement. Vehicles must be appropriately insured, taxed, and fit for use.	
Temporary accommodation while on placement	Students should complete 'Form 11 University Duty of Care' prior to placement to provide a contact number and address to the University Practice Education Team. Placement providers may request emergency next of kin contact details from the student in alignment with local policies and procedures.	
Service User Interactions • Exposure to language or cultural threats • Exposure to conflict • Socially inappropriate clients • Sexually inappropriate clients • Clients presenting with behaviours of concern • Working with clients from high-risk groups	Where possible, lone working should be minimised. Where lone working does occur, follow guidance for HSE Lone Working policy and relevant local policy. • Dynamic risk assessment may be required to mitigate risks, Practice Educators should provide a safe working environment for students. • Where concerns regarding harassment, or inappropriate interactions with service users arise, the students should seek support from their Practice Educator, and Practice Education Coordinator if required. Support and debrief should be provided in supervision. • The HSE Dignity at work policy [https://www2.healthservice.hse.ie/files/130/] includes a pathway for addressing such concerns in the workplace.	
Exposure to smoke via smoking in the workplace (patients house) on community visits	• Under the Health Service Executive (HSE) policy "Protecting HSE staff from second-hand smoke (SHS) in service users' homes," clients and their families are asked to extinguish cigarettes ahead of and during a home visit https://assets.gov.ie/static/documents/262014.pdf .	

Student Stress on placement	• Students are advised of recommendations to support their health and wellbeing in advance of placement (Protocol 12), and further expectations of management of health and wellbeing on placement are outlined in Protocol 25. • Factsheet 15 outlines supervision requirements on placement, which includes support for development as a professional and reflective discussions regarding management of stress in work. • Factsheet 19 outlines the expected communications between the Practice Education Coordinator and students during their placement, the Practice Education Coordinator is available to meet with students to support them.	
Fire	Fire evacuation and fire safety procedures must be provided during student induction to placement. Follow local safety statement in place with evacuation procedure.	
Wearing of Jewellery/ties/inappropriate footwear	Students must adhere to Protocol 15 Student dress and presentation, and comply with relevant local policies and dress (e.g. 'bare below the elbow') as directed by clinical sites.	
Unable to identify student	Students must adhere to Protocol 15 Student dress and presentation, and comply with relevant local policies as directed by clinical sites.	
Students with disabilities	See Practice Education Protocol 4 which outlines the procedures for disclosure of disability and reasonable accommodations planning for placement.	
Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff	Students are Garda Vetted (Protocol 2) and agree to a code of conduct for placement (form 14). The Practice Education Coordinator should be notified should any concerns arise (Protocol 14) so that this can be addressed appropriately.	

	Trust in Care Policy https://www.hse.ie/eng/staff/resources/people-management--legal-framework/module%206%20trust%20in%20care%20policy.pdf	
Data Protection Student breaching GDPR or other data protection guidelines	• Students complete HSE Land GDPR and Cybersecurity awareness training prior to placements. • Students sign form 5 confidentiality agreement prior to placement • During induction, Practice Educators should provide students with copies of relevant local data protection policies and procedures, students must familiarise themselves and follow these policies. • In the event of a data breach, reporting guidelines as outlined in local policies should be followed. HSE Policy in place, student required to complete online training (and read policy https://www.hse.ie/eng/gdpr/ Link to training: http://www.hseland.ie/dash/Account/Login	
Student making an error with patient records	• Students receive instruction in documentation and note taking prior to placement. • Student notes must be reviewed and co-signed by the supervising therapist. Students should receive constructive feedback on their notes. Documentation guidelines https://www.hse.ie/eng/about/who/qid/quality-and-patient-safety-documents/v3.pdf	
Student Inappropriate use of work computer or phone	HSE Policy in place http://hsenet.hse.ie/Intranet/OoCIO/Service_Management/PoliciesProcedures/Policies/Policies.html	

	Computer: http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_I_T_Acceptable_Use_Policy.pdf Telephone: http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_Mobile_Phone_Device_Policy.pdf	

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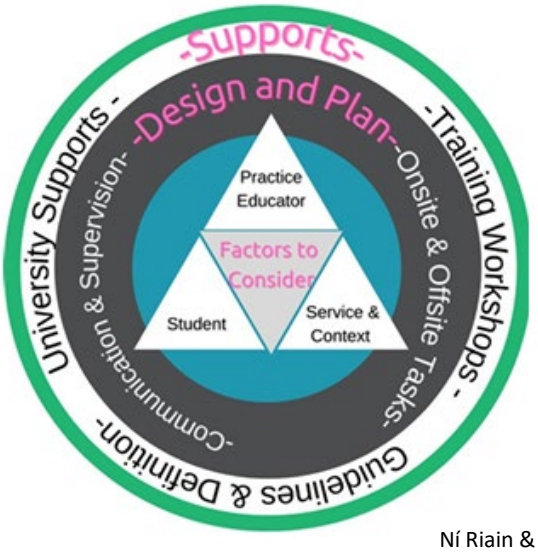
FACT SHEET 22: Blended placement guidelines and Plan

This resource is adapted for the University of Galway from:

Ní Riain, E., & Gallagher, A. (2024). "Blended Placement: A Balancing Act". *International Journal of Practice-based Learning in Health and Social Care*, 12(2), 15-33. https://doi.org/10.18552/ijpblhsc.v12i2.953

Available here: "Blended placement: A balancing act"

What is a blended placement?



Ní Riain & Gallagher, 2024

The Blended onsite/offsite practice education placement model enables students to attend placement for **minimum** three days onsite weekly, and work from home/offsite on associated placement tasks for **maximum** of two days each week. Students' offsite work may include projects, resource development, intervention planning, study hours, and on-line supervision.

A guiding principle in setting learning tasks is that they support students to meet the learning competencies and CORU Standards of Proficiency (CORU, 2016). Learning tasks that facilitate student self-direction and autonomy are applicable to this model where the practice educator is not always in the same location or working on the same day as the student. The practice educator is responsible for the facilitation, supervision and evaluation of the student both on and offsite.

You can use the 'blended placement planning guide' below and Form 25 Blended Placement Agreement to support this process.

Benefits of blended placements

For Educators	For Students
Increased flexibility for workload management for Practice Educators due to student offsite working 1-2 days per week.	Additional opportunities for self-directed learning, autonomous working and competency development.
Reduced Practice Educator burden due to student self-directed learning activities.	Additional opportunities for skill and competency development such as project management, problem solving, etc.

Points to consider (and actions to mitigate)

Potential Challenge	Actions to mitigate
Uncertainty about use of offsite time.	Use the blended placement planning document to outline activities to be undertaken offsite. Liaise with University PET for support to ensure offsite tasks are mapped to student competency development.
Enhanced student self-directed learning and flexibility required relative to the traditional model of placement.	Ensure expectations are clear regarding student tasks (use supervision to create action plans).
Resource considerations (e.g. access to space for offsite work).	Liaise with University Practice Education Team (PET) in preparation phase to ensure appropriate resources are available.
Concerns regarding preparation time required for blended placements.	Liaise with University Practice Education Team (PET) for support.

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Blended placement planning guide

This document provides a guide for points for Practice Educators to consider in advance of a blended placement. Liaise with the Practice Education Coordinator or other staff as relevant for support as required.

Onsite learning plan

Consider the following

- ✓ Is there a clear plan for induction to the service?
- ✓ How can in-person communication and guidance opportunities be optimised?
- ✓ Are there supports within the team to support student learning opportunities when the student is working onsite?
- ✓ Clinical opportunities should be prioritised when students are onsite

Offsite learning plan

Consider the following

- ✓ What learning opportunities are available offsite? Consider brainstorming with your team
- ✓ Plan for time to reflect and for 'space to grow and learn'
- ✓ What resources are required to support student learning when they are working offsite?
- ✓ Create clear learning objectives and ensure clear expectations of work to be completed during offsite working time. Use supervision to document learning outcomes and expectations of offsite work.
- ✓ Offsite work should be mapped to student's competency development – liaise with the Practice Education Coordinator for support if required
- ✓ Student study hours (maximum 3 hours weekly) can be included in offsite work

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FACT SHEET 23: Student Hours on Placement

What are the overall student hours required on placement?

- The World Federation of Occupational Therapists (WFOT) Revised Minimum Standards for the Education of Occupational Therapists (2026), CORU guidance for placement providers (2026) and Association of Occupational Therapists of Ireland minimum standards for practice education (2021) stipulate that all students are required to complete a minimum of 1,000 hours of Practice Education and demonstrate competence under the supervision of a suitably qualified occupational therapist with a minimum of one year's post qualification experience.
- Students must complete a minimum of 250 hours within a mental health and/or psychosocial setting and a minimum of 250 hours within a physical/ sensory disability practice setting (AOTI, 2021).

What are the requirements in each placement block?

- Students must work a minimum of a 35-hour week during placement, with a typical total of 280 hours for an eight-week placement (based on 5 days/ 35 hours per week).
- A minimum of 250 hours is necessary to pass the placement.
- Students must have a minimum of a half hour lunch break.
- All hours worked, excluding lunch times are recorded on the Practice Education Assessment Competency Form.
- It is the student's responsibility to ensure the hours are recorded accurately on this form and certified by the Practice Educator.
- Sickness or any other absences including bank holidays or statutory days are not to be included as worked hours (and should be recorded on the assessment form as appropriate).
- All hours accrued must be hours working on practice related tasks.
- Students cannot add hours of their choice i.e. an extra half an hour a day as their bus comes later than the finish time.
- **Study hours**: Students are allocated three study hours per week, which are included in the placement hours and should be recorded within the student hours log on the Practice Education Assessment form. Students' study in the evenings and weekends cannot be counted as placement hours. See Protocol 19 for further details.
- Students who do not record hours honestly and accurately may be considered for professional misconduct, refer to protocol 14.

Ollscoil na Gaillimhe
University of Galway

Discipline of Occupational Therapy

FACT SHEET 24: Two to One Model of Placement

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Ollscoil na Gaillimhe
University of Galway

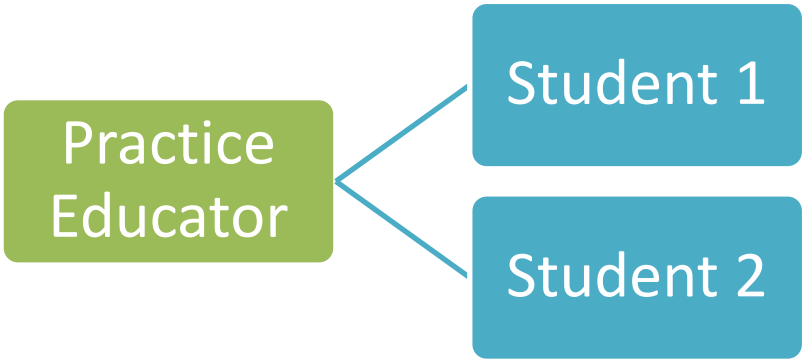
Discipline of Occupational Therapy

The 2:1 Model of Practice Education

A Resource for Practice Educators and Students

This brief resource provides guidance for facilitating two students during practice education placements, based on best available evidence and pragmatic guidance.

What is the 2:1 model?



The 2:1 model, also known as the 'Collaborative Learning' model, involves two or more occupational therapy students working collaboratively under the supervision of one Practice Educator (Lynam et al., 2015).

The 2:1 model is underpinned by the understanding that peer-learning can enhance learning during practice education placements(Lynam et al., 2015). It is posited that a 2:1 model encourages self-directed learning, increased independence and engagement with feedback and reflection to support learning amongst students (Blakely et al., 2009; Lynam et al., 2015).

What are the advantages of the 2:1 model of Practice Education?

The 2:1 model was initially driven by increased demand for practice education placements in health and social care professions, numerous benefits for this model of practice education have been identified, including:

- Opportunities for peer learning enable students to learn from each other during placements, and **promoted a greater depth of learning experience** through shared discussion and feedback (Blakely et al., 2009; Currens, 2003; Dorner et al., 2019; Lynam et al., 2015; O'Connor et al., 2012).
- **Enhanced learning opportunities** available to students as they could engage with clinical work in a different way than when using 1:1 model (O'Connor et al., 2012).
- Increased **opportunities for observation, reflection, and feedback**. Students could use each other to develop these skills further during their placements (Currens, 2003; Lynam et al., 2015; Martin et al., 2004).
- Opportunity to **practice skills with peers** prior to working with service users was deemed particularly useful at outset of placement (O'Connor et al., 2012).
- **Increased student independence** in working, and reduced student dependence on Practice Educator throughout the placement, alleviating Practice Educator burden (Currens, 2003; O'Connor et al., 2012).
- **Increased clinical productivity** for Practice Educator through delegation of work to students, which enhanced capacity of the occupational therapy department overall (O'Connor et al., 2012).
- Availability of peer for support system (knowledge and idea sharing) helps build **confidence and comfort** of students during placements (Dorner et al., 2019; Martin et al., 2004).
- **Leadership skills development** opportunities for Practice Educators were created through facilitation of multiple students during placements (Currens, 2003).

Guidelines for facilitating 2:1 Practice Education Placements

Preparation

Advance planning of practice education placements is particularly important when using a 2:1 model (Currens, 2003). This includes:

- Brainstorming potential learning opportunities where students could work together (Dorner et al., 2019; O'Connor et al., 2012).
- Brainstorming potential service users who may benefit from two students working together.
- Scheduling formal supervision, including group supervision and 1:1 supervision, as well as assessments.
- Scheduling time to complete necessary placement-related documentation as a Practice Educator.
- Identification of colleagues who can provide interim support in case of unexpected absence or clinical demand.
- Where appropriate, students can be included in the planning process to ensure clarity on expectations for the placement for all parties. Establish expectations with students

at the outset of placement, the 2:1 Practice Education Student Agreement Form may be useful for this (see Appendix 1). Peer learning goals may be incorporated into the student's learning contract (Lynam et al., 2015).

During the placement

- Try to ensure that students have a mix of shared work, and individual work during their placement.
- Encourage students to become more independent in their learning as the placement progresses. At the outset of the placement, students may need support to structure their timetable, including peer supervision. As the placement progresses, students should demonstrate increased independence and management of their time. The timelines & expectations documents for placements will give indicators of student expectations throughout their placement.
- Encourage students to engage in observation and reflective feedback during their placements, and model how this could be used in peer support.
- Encourage students to take a self-directed approach to learning, and to have a mix of shared and individual learning goals for their placement.
- Where possible, try to incorporate repeated opportunities for learning in order to support students to develop their competency across different aspects of occupational therapy practice.
- Should any concerns arise in relation to student competencies on placement, link with the Practice Education Team as soon as possible to discuss this and avail of supports.
- Students can undertake quality improvement/assurance initiatives or projects during their placement. This can be useful for facilitating self-directed learning, and contributing to the occupational therapy department in the longer term. Such initiatives should be linked to relevant competencies on the student's practice education assessment form. Further information and resources are available in the 'Student Projects Resource'.

Supervision within the 2:1 model

The 2:1 model facilitates opportunities for a mix of supervision models, which can be used throughout the placement as appropriate, given the level of the students and the practice context requirements. Individual supervision is necessary for assessments, and constructive feedback opportunities, group supervision may be useful for information sharing and induction processes, while peer supervision can be scheduled formally or informally during the student's working week.

For individual and group supervision, it is expected that students will reflect and prepare appropriately for supervision in advance of the session, including completion of the 'Student pre-supervision section' of the supervision form. Individual and group supervision should be recorded using the University of Galway student supervision form with all parties contributing and signing off on the completed forms as appropriate.

- **Individual supervision**. Occurs 1:1 between students and Practice Educators. This form of supervision is required for assessment processes, and where competency-

related concerns arise. Supervision forms should be completed and signed by the student and Practice Educators.

- **Group supervision**. Occurs with both students and Practice Educator. This form of supervision facilitates collaboration, shared problem solving and development of clinical reasoning through reflecting on cases with fellow students and Practice Educator. Students should prepare for group supervision, contributing items to the agenda as appropriate to their level of experience. Group supervision should be recorded and signed by both students and Practice Educators.
- **Peer supervision**. Occurs with the two students, without the presence of the Practice Educator. This flexible supervision can be used to de-brief, reflect on cases, or collaborate on shared projects. It can be useful to schedule peer supervision opportunities, particularly in the early stages of placement to optimise student's opportunities to reflect and collaborate. Unstructured peer supervision opportunities were also found to be useful by (Dorner et al., 2019). This type of supervision doesn't require formal documentation, but it is expected that students will bring evidence of their learning to group or individual supervision as appropriate.

What are some of the potential challenges of the 2:1 model, and how can I mitigate these?

Potential Challenge	Strategies to mitigate challenges
The 2:1 model requires **additional documentation** in terms of assessment processes for students (Dorner et al., 2019; Lynam et al., 2015).	• Where possible, schedule time for documentation (e.g. supervision, assessment, etc.) in advance to allow sufficient time to complete this documentation. • Streamline documentation processes where possible.
The evidence shows that the 2:1 model works best when there is a **good 'fit' of students** to Practice Educator, i.e. where students perform to a similar level and work well together (Dorner et al., 2019; Lynam et al., 2015).	• Universities should carefully consider the fit of students when selecting students for 2:1 practice education placements. • All parties should be clear on expectations of placement processes, this should be discussed during induction. Use the 2:1 student placement form to structure this discussion.
Educator **time and caseload must be shared** between two students.	• Plan student timetables in advance, build opportunities for direct student observation/contact, peer learning, and de-brief, supervision etc (Blakely et al., 2009).
Additional planning is required at the outset of the placement to develop student	• Support from wider team may be required to facilitate these essential planning processes (Blakely et al., 2009).

timetables and learning opportunities (O'Connor et al., 2012)	• Identify a 'back-up' support colleague who can facilitate student learning in case of unexpected leave, etc.
Managing **balance of direct clinical contact, with opportunities for individual learning** and development within busy clinical environments. Some studies reported that it was challenging to identify sufficient suitable cases for students work with during their placements (O'Connor et al., 2012) and that Practice Educators were concerned about possible reduced direct clinical contact with service users (Price & Whiteside, 2016).	• Where possible, plan learning opportunities in advance/ at the outset of placement where students will be able to practice, and build competency in specified clinical areas. Students benefit from repeated practice opportunities to assist their learning (Price & Whiteside, 2016). • Consult service users regarding possibility of 2 students attending sessions simultaneously in advance and plan caseload accordingly.
Managing student privacy in relation to competency related concerns or individual feedback with students (Martin et al., 2004).	• **Include individual supervision and feedback opportunities** within the student's timetables during placement (in addition to peer and group supervision). • **Liaise with Practice Education Team** to avail of support at an early stage to address competency-related concerns.

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