



OLLSCOIL NA GAILLIMHE  
UNIVERSITY OF GALWAY

# Practice Education Handbook 2025-2026

Section 1: Practice Education in Occupational Therapy at  
The University of Galway

Section 2: Practice Education Protocols

Section 3: Resources for Practice Educators and  
Students

Section 4: Forms and Templates

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**September  
2025**

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## Section 1: Practice Education at the University of Galway

### 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,

*Mary Mulry, Lecturer of Occupational Therapy and Practice Education Co-ordinator*

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## 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:

Prof. Agnes Shiel (Head of Discipline) (091) 492957 [agnes.shiel@universityofgalway.ie](mailto:agnes.shiel@universityofgalway.ie)

Dr. Jackie Fox (Programme Director) (091) 492957 [jackie.fox@universityofgalway.ie](mailto:jackie.fox@universityofgalway.ie)

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## 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)” is the title given 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 0.25WTE for Longford and Westmeath, both are employed by the HSE.

## 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.

## Outline of Programme Modules for Years 1- 4 (AY 25-26)

Year	Semester 1 Modules	Semester 2 Modules
<b>1</b>	Human Body Function Human Body Structure Introduction to Psychology Principles for Practice/Fundamentals 1 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
<b>2</b>	Communication for Practice Neuroanatomy Neurophysiology Health Psychology Enabling Occupation – Paediatrics Fundamentals of Occupational Therapy 2	<b><u>Practice Education 1</u></b> Case Study 1 Enabling Occupation – Intellectual Disability Occupational Science Social Policy
<b>3</b>	Evidence Based Practice Standardised Testing Enabling Occupation – Older Adults Cognitive Neuropsychology Community Engagement	<b><u>Practice Education 2</u></b> Case Study 2 Research Methods Enabling Occupation – Community Practice Community Engagement Neurology
<b>4</b>	<b><u>Practice Education 3</u></b> (Level 2, Block 1) Case Study 3 <b><u>Practice Education 4</u></b> (Level 2, Block 2)) Case Study 4	Preparation for Practice Management and Leadership Research Project



## Overall Requirements of Practice Education at the University of Galway

Practice education in combination with the academic programme aims to ensure that students meet the criteria and Standards of Proficiency for education and training programmes [otrb-criteria-for-education-and-training-programmes.pdf \(coru.ie\)](https://coru.ie/files-education/otrb-criteria-for-education-and-training-programmes.pdf). This specifies that those that complete the programme must meet the Occupational Therapy Registration Board (OTRB) standards of proficiency for occupational therapists (CORU, 2017). Students must complete 1000 hours of practice education (250 hours in psychosocial and 250 hours in physical) to graduate from the programme. The CORU standards of proficiency are used to ensure that graduates of an approved programme hold an approved qualification and have the required skills and abilities for entry to the Occupational Therapists Register. The occupational therapy programme is designed to comply and meet the following national and international requirements

1. CORU Occupational Therapist Registration Board; Criteria for Education and Training Programmes (2017) (<https://coru.ie/files-education/otrb-criteria-for-education-and-training-programmes.pdf>)
2. The World Federation of Occupational Therapists (WFOT) Revised Minimum Standards for the Education of Occupational Therapists (2016) (<https://www.wfot.org/resources/new-minimum-standards-for-the-education-of-occupational-therapists-2016-e-copy>)
3. The Association of Occupational Therapists of Ireland, Minimum standards for practice education in Ireland <https://www.aoti.ie/publications>

## 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.

## Placement hours

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

Placement	Hours per week	Total
2 <sup>nd</sup> year	8 x weeks@35 hours	280
3 <sup>rd</sup> year	8 x weeks@35 hours	280
4 <sup>th</sup> year Block one	8 x weeks@35 hours	280
4 <sup>th</sup> year Block one	8 x weeks@35 hours	280
Total		1120

## Placement Learning Outcomes

### 2<sup>nd</sup> 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.

### 3<sup>rd</sup> 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

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.

1. 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.
2. 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.
3. 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.
4. To demonstrate progression of practice competence in relation skills, knowledge, attitude and behaviour in accordance with the CORU standards of proficiency.

### 4<sup>th</sup> 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 work 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 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 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.

### **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.

### **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 therefore occur in the summer months. Students who fail more than one placement cannot repeat that placement and cannot graduate as an occupational therapist from the University of Galway.

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

<b>4OT BLOCK 1: Aug 25th - Oct 17th</b>
<b>4OT BLOCK 2: Oct 27th - Dec 19th</b>
<b>2OT: Jan 12th -Mar 6th</b>
<b>3OT: Mar 9th - May 1st</b>

**2025 - 2026**

**OT University of Galway Placements**

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

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

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

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

## The Role of the Practice Educator

Practice Educator competencies were published by the HSE and The Therapy Project Office. The full document can be found at:

<https://www.iaslt.ie/media/e1ed1biz/practice-educator-competencies.pdf>

## Good Practice in Practice Education

There are also guidelines on good practice in Practice Education published by the HSE and the Therapy Project Office. These can also be downloaded from the University of Galway Practice Education Website.

## Requirements to be a University of Galway Practice Educator

When taking a student, a practice educator is asked to complete an online agreement form. This form includes the following statement(s):

**In agreeing to take a student/s on placement, I confirm that the following requirements are met:**

- a) I have more than 1 years' work experience as an occupational therapist (CORU requirement).
- b) If this placement is shared with another educator, agreements are in place regarding how the split of work tasks will be shared and these will be communicated to the student during orientation.
- c) If you are taking annual leave, supervision cover for the student has been organised for your absence.

### Agreement to fulfil the role of practice educator for a 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> year placement

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 four people present for bedside teaching and similar situations, there should be no more than four people present at one time (including students, teachers/educators). 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) Read the 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.

## **Practice Educators Courses and Preparation to take a student**

Practice education courses are provided at three points of each year. This half-day free interuniversity course covers the following topics:

- a) Managing the underperforming student/fitness to practice
- b) Students with disabilities
- c) Providing feedback/supervision
- d) Teaching and learning approaches in Practice Education
- e) Learning contract and setting learning objectives
- f) Diversity of Students, Educators and Service Users

Prior to each placement it is important that you attend a two-hour pre-placement briefing. This pre-placement briefing includes the following:



- a) The Programme at The University of Galway
- b) The Competency Assessment Form and the CORU standards of proficiency
- c) Fitness to practice
- d) The Portfolio and the case study
- e) The practice education handbook and website

In summary, these guidelines give guidance on:

- 1. Preparation for Practice Education
- 2. During Practice Education
- 3. Post-Practice Education

## **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- Appendix Two

Level Two: Fourth Years- Appendix Three

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

<https://www.universityofgalway.ie/medicine-nursing-and-health-sciences/healthsciences/disciplines/occupational-therapy/practiceeducation/>

- 1. If completing the form electronically to put a cross in a box – place the cursor on the box, right click, click on ‘properties’ and then click on ‘checked’. This will enter a X in the box. To undo, place the cursor on the box, click on ‘properties’ and then click on ‘not checked’.
- 2. The form needs to be fully completed at halfway and at the end of the placement. The form must and signed by both the student and the practice educator/s who were involved in the assessment of student competency.

## Practice Education Process at the University of Galway

This flowchart from University of Galway outlines the formal documentation and assessment process for the Discipline of Occupational Therapy during an 8-week clinical placement.

### 1. Orientation (Week 1)

- Student attends placement orientation.

### 2. Learning Contract

- Student and Practice Educator jointly complete the Learning Contract.
- Set out specific learning objectives for the full 8-week placement.

### 3. Weekly Supervision

- Ongoing weekly supervision sessions.
- Both parties complete the Formal Supervision Record Form each week to document discussion and outcomes.

### 4. Student Reflection Form

- Before each supervision session, the student prepares by filling out the Student Reflection Form.
- Student may complete the reflection section of this form after supervision if desired.

### 5. Mid-placement Review (@ 4 weeks)

- Half-way report is completed using either:
  - Level 1 Practice Education Assessment Form OR
  - Level 2 Practice Education Assessment Form(depending on the student's year/level).

### 6. Final Assessment (@ 8 weeks)

- Final report completed using the relevant Practice Education Assessment Form (same level as used at week 4).

### 7. Return to University

- Student submits the following original documents to the university:
  - Final Assessment Report

- Record of Placement Hours
- All Supervision Forms
- These are retained in the student's personal university file.

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

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## Section 2: Practice Education Protocols

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## Discipline of Occupational Therapy

### PROTOCOL 1: STUDENT PREPARATION FOR PLACEMENT

<b>RELATED FORMS</b>	FORM 1, 1A, 1B AND 1C PLACEMENT PASSPORT
<b>PURPOSE OF PROTOCOL:</b>	Defining the content of mandatory student preparation for Practice Placement
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	To ensure Students are prepared for placement

#### PROTOCOL

- 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> years engage in preparation for practice placement activities. These are fully listed in the practice education preparation module guide.

#### Essential preparations include

- Mandatory attendance and certification is required in 2<sup>nd</sup> year for Manual Handling, Infection control, and handwashing competency
  - Completion of online pre-placement Orientation Documents D19 Module
  - 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
  - Creation of reasonable adjustment plans
  - 75% attendance at practice education classes
  - Completion and submission of placement documents
  - Completion of after class quizzes
- 
- The Placement Passport must be fully completed and sent to the allocated Practice Educator prior to placement.
  - 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.



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## Discipline of Occupational Therapy

### PROTOCOL 2: GARDA VETTING AND STUDENT PLACEMENT

<b>RELATED FORMS</b>	FORM 2. CONSENT FOR DISCIPLINE TO FORWARD GARDA VETTING FORM TO PLACEMENT SITE
<b>PURPOSE OF PROTOCOL:</b>	Defining the expectations for Garda vetting for University of Galway Placements
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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 Health Sciences 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. A letter is sent to the placement site confirming that vetting has been completed in advance of the placement.

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](https://www.universityofgalway.ie/media/registrar/docs/policiesmay2023/QA232-Fitness-to-Practice-(5)-May-23.pdf)

6. 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.



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## Discipline of Occupational Therapy

### PROTOCOL 3: IMMUNISATIONS FOR STUDENT PLACEMENT

<b>RELATED FORMS</b>	FORM 1. 1A, 1B, AND 1C. PLACEMENT PASSPORT and 3 Tuberculosis Self Report
<b>PURPOSE OF PROTOCOL:</b>	To provide information to students on expected immunisations to be completed prior to placements
<b>SCOPE:</b>	Occupational Therapy Students of The University of Galway.
<b>DEFINITION:</b>	Vaccinations for immunity

#### PROTOCOL

1. 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.
2. Students must record their immunisation history on the Placement Passport
3. 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 >100mIU/ml. If a low response (10-99mIU/mL) 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/>

4. First years will complete a full occupational health screen that will include all appropriate vaccinations. Students must attend follow up immunization appointments. Without acceptable level of vaccinations, students will not be permitted to attend placement.
5. Students must also add all the relevant details to their placement passport
6. 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 (See Form 3).
7. Students who have not attended or co-operated fully with this process will not be permitted to commence clinical placement.



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## Discipline of Occupational Therapy

### PROTOCOL 4: DISCLOSURE OF DISABILITY AND REASONABLE ACCOMMODATIONS ON PLACEMENT

<b>RELATED FORMS</b>	FORM 4. REASONABLE ADJUSTMENT PLAN
<b>PURPOSE OF PROTOCOL:</b>	Defining the expectations of students and Practice Educators at The University of Galway.
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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

1. In order for accommodations to be made students must register with Disability Services at The University of Galway. 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
2. The plan will be agreed and a final draft provided to the student. There is no onus on the student to declare any diagnosis/es.
3. The student must confirm agreement or propose amendments to the reasonable adjustment plan by the due date given.
4. 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.
5. 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.
6. 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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## Discipline of Occupational Therapy

### PROTOCOL 5: STUDENT CONFIDENTIALITY AGREEMENT

<b>RELATED FORMS</b>	FORM 5: STUDENT CONFIDENTIALITY AGREEMENT
<b>PURPOSE OF PROTOCOL:</b>	Defining the expectations of students and Practice Educators at The University of Galway.
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Maintaining confidentiality of personal data on placement and when completing university case study

#### PROTOCOL

1. Before starting placement all students must complete the HSE Land GDPR online course as part of the SHS module. Students must apply this learning to placement. Students who have not completed this may not attend placement.
2. Before placement students will read, sign and submit 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. Access does not include transcribing of any records containing personal health information or taking such records off-site.
4. Students must ensure that they adhere to the consent policy of the placement and ensure that clients/patients provide informed consent for all actions/interventions.
5. Students must ensure information they have access to is managed to the standards of the site through access to written health records, verbal information, electronic information or pictures.
6. Students cannot photocopy, scan, save to USB, or transcribe any element of the clinical record including photography and imaging.
7. The anonymity of clients/patients should be maintained during case presentations, research activities and university course work.
8. 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.
9. Students cannot use or present any case presentations, research activities unless consent has been specifically obtained from participants and site.
10. Students who do not maintain confidentiality will be failed on professional behaviour in the placement.
11. Students who do not complete and sign Form 5 Confidentiality agreement prior to placement. Students who have not completed and submitted this form will not be permitted on placement.



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## Discipline of Occupational Therapy

### PROTOCOL 6: SOURCING AND SELECTION OF PLACEMENTS

<b>RELATED FORMS</b>	FORM 6A AND 6 B: PRACTICE EDUCATOR AGREEMENTS
<b>PURPOSE OF PROTOCOL:</b>	Defining the practice educator agreements
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	This agreement is completed and signed by all practice educators directly supervising a student on placement

#### PROTOCOL

1. 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.**
2. Placements are selected based on the following requirements
  - a) Practice educator/s are occupational therapists registered with CORU
  - b) Practice educators have practiced for more than one year
  - c) Practice educators are providing an occupational therapy service that focusses on occupational therapy interventions
  - d) Practice educators sign an agreement to fulfil the role of educators
  - e) Practice educators agree to complete all the expected tasks of the University of Galway Practice Educator
  - f) The practice educator has made plans if they are absent or sharing a student
  - g) The practice educator provides information on their training and development needs
  - h) The practice educator identifies if they wish to be on the university contact list to meet GDPR regulations
3. There is an agreement to share Garda vetting with the site/organisation.
4. 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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## Discipline of Occupational Therapy

### PROTOCOL 7: ALLOCATION OF STUDENT PLACEMENT

<b>RELATED FORMS</b>	<p>FORM 7. STUDENT PLACEMENT INFORMATION FORM</p> <p>FORM 7B. CONSENT TO SHARE AND STORE STUDENT PERSONAL DETAILS</p> <p>FORM 7C: Request for special consideration of placement allocation</p>
<b>PURPOSE OF PROTOCOL:</b>	Defining the allocations of Practice Education Placements at The University of Galway.
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Process of allocation of placements to students.

#### PROTOCOL

1. 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.
2. Students will complete FORM 7 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.
3. 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.
  - Student's placement information details – including disability and/or personal circumstances or avoidance of conflict-of-interest sites
  - Previous placement experience/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
  - Ensure, CORU, WFOT and AOTI requirements and guidelines are met (1000 hours)
  - 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).
4. There is no provision for travel and accommodation expenses incurred whilst on placement however students can apply to the University of Galway student hardship fund.
5. It is the students' responsibility to arrange suitable travel and accommodation arrangements for the duration of their placements.

6. 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.
7. 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. Form 7C should be submitted to Canvas. These requests will be reviewed by the Head of Programme.
8. Placements are allocated in advance of placement. Placements will only be allocated when there are sufficient placements for the whole cohort.
9. Students are asked to sign a Consent form (Form 7B) 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.
10. As part of the university's duty of care, students are asked to provide their accommodation details on an online survey (Form 11). 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.
11. 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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## Discipline of Occupational Therapy

### PROTOCOL 8: STUDENTS INSURANCE PROTOCOL

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

### PROTOCOL 9: STUDENTS USE OF THEIR PRIVATE CARS ON PLACEMENT

**RELATED FORMS**

FORM 7: STUDENT PLACEMENT INFORMATION

**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**

1. 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.
2. Students must identify if they can use and will appropriately insure their cars on placement in a form 7 completed prior to placement allocations.
3. 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
  - a. travel between locations/ work bases during their working day.
  - b. to participate or independently complete home/ school or other client related visit or to attend meetings
  - c. to deliver items such as equipment or assistive devices
4. 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.
5. It is the policy of the University that students do not carry service users in their cars.
6. 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

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

#### PROTOCOL

1. Practice educators are asked to provide information to the student on the site and the following
  - a) Site and contact information
  - b) Characteristics of occupational therapy services
  - c) Essential preparation for students
  - d) Learning opportunities and resources for students
  - e) Amenities available to students
  - f) Site requirements for students
  - g) Message to students
2. Students evaluate that these were sent as part of the quality framework/student feedback.



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## Discipline of Occupational Therapy

### PROTOCOL 11: UNIVERSITY DUTY OF CARE TO STUDENT

<b>RELATED FORMS</b>	FORM 11: UNIVERSITY DUTY OF CARE TO STUDENT
<b>PURPOSE OF PROTOCOL:</b>	Defining the process to be completed to gather information on students to be used in the case of emergency
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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

1. 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
  - a) Address of their accommodation
  - b) Mobile phone number
  - c) Details of two next of kin
  - d) Permission to contact the next of kin if the student does not turn up for placement and is not answering their mobile number
  - e) The information will be held on Microsoft forms as this is GDPR compliant
2. 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\\_student\\_protocol.pdf](https://www.universityofgalway.ie/media/studentservices/files/1-Missing_student_protocol.pdf) will be instigated
3. 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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## Discipline of Occupational Therapy

### PROTOCOL 12: STUDENT MANAGEMENT OF THEIR HEALTH AND WELL BEING ON PLACEMENT

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

#### PROTOCOL

1. In preparation for 2<sup>nd</sup> year placement there will be a workshop on anxiety management and strategies for students to consider in the management of their health and wellbeing.
2. Students are advised of the University of Galway services that include
  1. drop-in counselling service on Campus
  2. the online counselling service from The University of Galway
  3. the online anxiety management programme
  4. the CMNHS Student Support Officer
3. 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.
4. 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 on Support for students on placement.
5. 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 (*Students will be introduced to the Wellness Recovery Action Plan as a tool to reflect on and plan for managing their health and well-being on placement.* <https://www.wellnessrecoveryactionplan.com/what-is-wrap/>)
6. 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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## Discipline of Occupational Therapy

### PROTOCOL 13: STUDENT ORIENTATION

<b>RELATED FORMS</b>	FORM 13: ORIENTATION CHECKLIST. FACT SHEET 26: Student Placement Risk List
<b>PURPOSE OF PROTOCOL:</b>	Defining orientation for student placements
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Orientation is the induction of the student to the work setting

#### PROTOCOL

1. 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
2. Relevant risk assessments may need to be completed with the student by the practice educator to reduce risks for example infection control. Fact sheet 25 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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## Discipline of Occupational Therapy

### PROTOCOL 14: STUDENT CONDUCT ON PLACEMENT

<b>RELATED FORMS</b>	FORM 14: STUDENT CODE OF CONDUCT AND PROTOCOL 30
<b>PURPOSE OF PROTOCOL:</b>	To define the process if unprofessional conduct is evidenced
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Students' actions, decisions or attitudes or behaviour

#### PROTOCOL

1. 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
  - a) The University of Galway Code of Conduct. This code includes professional behaviour on placement. This can be found at <http://www.the University of Galway.ie/codeofconduct>. Breaches of this Code and of any University regulations make students liable to the imposition of sanctions.

#### *This code states that:*

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. In particular, students are obliged to behave in a manner that will not bring the University into disrepute when outside the precincts of the University. This includes, but is not limited to, a student's place of residence and during a work placement, fieldwork 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.

- 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>

### **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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## Discipline of Occupational Therapy

### PROTOCOL 15: STUDENT DRESS AND PRESENTATION ON PLACEMENT

<b>RELATED FORMS</b>	FORM 14: STUDENT CODE OF CONDUCT ON PLACEMENT
<b>PURPOSE OF PROTOCOL:</b>	Defining the standards for dress and presentation
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Dress includes uniform and smart casual own clothes.

#### PROTOCOL

1. Students must complete and sign the student conduct on placement form, Form 14. This form delineates the expectations of conduct, and dress/presentation as follow:
  - 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
  - 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.
  - 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. Male students must be either clean-shaven or have their beards and moustaches kept clean and neatly trimmed (so as not to interfere with the use of a face mask).
  - Clothes should be appropriate to working in the placement environment e.g. smart trousers/skirt/dress. Skirt 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 many 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. Runners and cloth shoes are unacceptable.
  - Uniform should fit comfortably, allowing for movement and covering midriff and above the cleavage line.
2. 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

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

#### PROTOCOL

##### 1. 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 work-based behaviours. Students who persistently arrive late and have been given warnings, may fail the placement due to poor time management.

2. 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

<b>RELATED FORMS</b>	FORM 17: LEARNING CONTRACT AND FACT SHEET GUIDANCE FOR COMPLETING A LEARNING CONTRACT
<b>PURPOSE OF PROTOCOL:</b>	Defining the student learning contract
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Setting, planning and evaluating learning goals

#### PROTOCOL

The learning contract is a tool for students to plan their self-directed learning. It is known that students find these difficult to complete, as they are not familiar with the setting. The student should bring a draft learning contract. 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. A sample format for the learning contract below. 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 criteria to be used to assess the evidence
7. 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

<b>RELATED FORMS</b>	FACT SHEET 2: GUIDANCE ON COMPLETING THE PRACTICE EDUCATION COMPETENCY ASSESSMENT FORM
<b>PURPOSE OF PROTOCOL:</b>	Defining the calculation of student hours worked
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Student hours, is time worked on placement

#### PROTOCOL

The World Federation of Occupational Therapists (WFOT) Revised Minimum Standards for the Education of Occupational Therapists (2016) and CORU Occupational Therapist Registration Board; Criteria for Education and Training Programmes (2017) 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 qualified and nationally registered occupational therapist with at least one-year clinical experience.

1. 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 (CORU 2017).
2. Students must work a minimum of a 35-hour week and no more than a 37 hours per week to attain the 1,000 hours to graduate.
3. Students must have a minimum of a half hour lunch break.
4. All hours worked, excluding lunch times are recorded on the Practice Education Assessment Competency Form.
5. It is the student's responsibility to ensure the hours are recorded accurately on this form and certified by the Practice Educator.
6. Sickness or any other absences including bank holidays or statutory days are not to be included as worked hours.
7. A minimum of 250 hours is necessary to pass the placement.
8. All hours accrued must be hours working on practice related tasks.
9. 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.

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 RECORD OF STUDY HOURS

<b>RELATED FORMS</b>	FACT SHEET 2: GUIDANCE ON COMPLETING THE PRACTICE EDUCATION COMPETENCY ASSESSMENT FORM AND FORM 19: STUDENT RECORD OF STUDY HOURS. 19B STUDENT RECORD OF OUT OF OFFICE WORK COMPLETED
<b>PURPOSE OF PROTOCOL:</b>	Defining the student study hours worked
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Study hours, is time worked on learning through investigation, research or reflection.

#### PROTOCOL

Study is an important component of practice education.

1. Students are permitted three hours study time per week and this time is included in the overall weekly hours of the placement.
2. Study may complete general research or working on their portfolios, case study or other project-based work.
3. This time is at the discretion of the Practice Educator and does not have to be on a Friday afternoon.
4. 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.
5. Students must complete a record of how they have used this time to meet AOTI requirements.
6. This time must not be used for clinical duties (e.g. writing progress notes) but for study related to placements.
7. Students must have an agreed learning outcome relevant to the learning contract or personal development plan during study hours.
8. The Practice Educator can identify goals for this study time in supervision sessions and review outcomes of the use of study at any time.
9. Students study in the evenings and weekends cannot be counted as study hours.
10. Practice educators need to review and sign FORM 19: STUDENT RECORD OF STUDY HOURS at the end of the placement.
11. Students are to submit this form as part of their portfolio.
12. 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

<b>RELATED FORMS</b>	None
<b>PURPOSE OF PROTOCOL:</b>	Defining the use of mobile devices on placement
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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 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.
5. Students should ensure that no data is stored on a personal computer that has any identifiers.
6. 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

<b>RELATED FORMS</b>	FACT SHEET 2: GUIDANCE ON COMPLETING THE PRACTICE EDUCATION COMPETENCY ASSESSMENT FORM
<b>PURPOSE OF PROTOCOL:</b>	To identify the expectations for attendance on placement and the procedures to be implemented when sickness or absence occurs on placement
<b>SCOPE:</b>	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Attendance, sickness or absence refers to time spent on or away from placement

#### PROTOCOL

- 1. 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.
- 2. Study time:** Three hours study time is permitted and is included in weekly hours. This scheduling of this time must be negotiated and agreed with the practice educator. Whilst study time can be accrued, this can only be accrued for one-week i.e. so that one full day is facilitated every two weeks. No further accrual is permitted. The use of study time must be evidenced as study in the student's portfolio using the Use of Study Time Form
- 3. Sickness:** 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.
- 4. Unforeseen circumstances:** If unforeseen circumstances occur e.g. a death of a family member, 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.
- 5. 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.

6. **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.

7. **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.

8. **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.

9. **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 (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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## Discipline of Occupational Therapy

### PROTOCOL 22: SUPERVISION and JOINT SUPERVISION

<b>RELATED FORMS</b>	FORM 22A, FORM 22B, Forms 22C and FOR, FORM AND FACT SHEET 19 ON STUDENT SUPERVISION, FACT SHEET 22 ON PLACEMENT COMMUNICATION WITH PRACTICE EDUCATION COORDINATOR AND FACT SHEET ON COMMUNICATION WITH STUDENTS THROUGHOUT PLACEMENT 24, FACT SHEET 23 STUDENT SUPPORT INFORMATION FOR PLACEMENTS AND FACT SHEET 25 STUDENT OUT OF OFFICE WORK COMPLETED
<b>PURPOSE OF PROTOCOL:</b>	Defining process and content of formal supervision meetings
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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.
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 and 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. The Practice Education Co-ordinator, Regional Placement Facilitator and Practice Tutor are co-supervisors in the student placement.
2. To maintain communication between all parties regular contact will be maintained.
3. The Practice Education Co-ordinator contacts students weekly via BB email and speaks to them online. Halfway phone or online contact is made to each student at halfway. See Factsheet 24.
4. 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.
5. Educators are also contacted weekly and a phone call or online meeting occurs at halfway. See Fact sheet 22.
6. Students are advised of support available on placements from the **Practice Education Co-ordinator. See Fact sheet 23.**
7. Students are asked to complete the out of office record of work tasks due to COVID-19 restrictions 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

<b>RELATED FORMS</b>	FORM 22: SUPERVISION
<b>PURPOSE OF PROTOCOL:</b>	Defining process of feedback to student on performance
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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, but they prefer realistic feedback, so be direct and factual. 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. Give them time to self-evaluate and evidence that they have heard your previous informal feedback and what to describe the actions they have completed as a result of that feedback. Discuss how they 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. The student will want realistic feedback. Give 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.
7. **Written feedback:** Please use one of the University of Galway FORM 21 PRACTICE EDUCATION FORMAL SUPERVISION RECORD FORM on the Practice Education Website.



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## Discipline of Occupational Therapy

### PROTOCOL 24: CLIENT CONSENT FOR STUDENT PARTICIPATION

<b>FORMS</b>	None
<b>PURPOSE OF PROTOCOL:</b>	To define the expectations of the consent process
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway
<b>DEFINITION:</b>	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

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#### PROTOCOL

1. 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 persons 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 mental capacity (be competent) to make a particular decision at that time
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 recognise 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://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/guidehealthsocialcareprof.pdf>



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## Discipline of Occupational Therapy

### PROTOCOL 25: HEALTH AND WELFARE ON PLACEMENT (INCLUDING MANAGEMENT OF COVID-19)

<b>FORMS</b>	FORM 1B: STUDENT DECLARATION AND COVID-19
<b>PURPOSE OF PROTOCOL:</b>	To describe the processes and actions that may be required if a student presents with health or welfare issues on placement.
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway
<b>DEFINITION:</b>	Health and Welfare includes both physical and psychological well-being.

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#### PROTOCOL

1. 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.
2. If the student is involved in a work incident, the placement agency reporting mechanism should be completed. 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.
3. 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. 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.
  - 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 the withdrawal from policy protocol.



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## Discipline of Occupational Therapy

### PROTOCOL 26: ANTI-BULLYING ON PLACEMENT

<b>Purpose of Protocol:</b>	To describe the University of Galway student bullying policy
<b>SCOPE:</b>	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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

1. 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](http://www.hsa.ie)”.
2. Students can seek advice from the Practice Education Co-ordinator or the Head of the Occupational Therapy programme or the Students Union regarding bullying.
3. 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.
4. 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.
5. 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.
6. 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.the University of Galway.ie/media/studentservices/files/QA600-Student-Anti-Bullying-Policy.pdf/>





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## Discipline of Occupational Therapy

### PROTOCOL 27: MANAGING AN UNDERPERFORMING STUDENT

forms	FORM 27A CONCERNS IDENTIFIED FORM AND 27B UNDERPERFORMING STUDENT MANAGEMENT PLAN
<b>PURPOSE OF PROTOCOL:</b>	Defining the expectations of Practice Educators at The University of Galway.
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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

1. Practice Educators or students should contact the University Practice Education Co-ordinator as soon as it is acknowledged that there are concerns for student attainment of competency. This usually occurs after informal feedback and formal supervision has resulted in a concern that the student is not progressing. Practice educators should have given feedback to the student on areas of concern.
2. A 'concerns identified' form should be completed and sent into the Practice Education Co-ordinator, but it must be shared with all parties. Issues or concerns should be listed with examples of how the student is currently underperforming. These should relate to the competency statements on the competency assessment form. The concerns identified form must record the main areas of underperformance. The form states that as the student is not progressing they are 'at risk of failure'.
3. The Practice Education Co-ordinator will contact the student and speak to the student and practice educator/s separately to ascertain the situation. If the student is indicating that they are unwell and not fit to practice, the Practice Education Co-ordinator recommend a withdrawal from placement.
4. The Practice Education Co-ordinator will work collaboratively with the Practice Educator and student on concerns identified in the form and at the meeting. These will be discussed and a plan created. This plan will be agreed between all parties and will last for an agreed time, normally one week. The aim of the plan is to set realistic achievable goals for the work 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 performance goals identified in this action plan will be reviewed by all parties and if needed a new plan will be created.

5. If the student is unable to attain the goals consistently over the remaining time left for the placement to the standard expected, the student will fail the placement. 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 managing challenging students include:

- a) Specific feedback on what the student is doing well and what they are expected to demonstrate must be provided.
- b) Once the main areas of underperformance are identified, specific attainable goals should be set.
- c) Opportunities should be provided 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.
- d) 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.
- e) Students should be fully encouraged to participate in this process and identify strategies and /or resources that would assist them in meeting the goal.
- f) The Practice Educator can seek assistance from their Practice Tutor, Regional Placement Facilitator and or the Practice Education Co-ordinator at The University of Galway at any point in the process.
- g) Peer participation in the placement i.e. other practice educators can be of assistance in confirming student strengths and challenges.
- h) Feedback should be given regularly as students need to know if they are progressing.

## 6. 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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### PROTOCOL 28: STUDENT WITHDRAWAL FROM PLACEMENT

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

#### PROTOCOL

1. A student may request withdrawal from placement on the grounds of ill health or family circumstances e.g. bereavement.
2. Students must discuss their request for withdrawal from placement with the Practice Education Co-ordinator or the Head of Programme. Based on the individual circumstances a provisional agreement to withdraw may be put in place.
3. Students will need to formally apply to the Head of Programme 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.
4. 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.
5. A student who withdraws from a placement is not credited with any Practice Education hours for that placement.
6. 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.
7. Students will be allocated a placement during the summer break in the same area of practice. If this occurs during the fourth-year placement, graduation may be delayed.
8. 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

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

#### PROTOCOL

1. It is the right of the Practice Educator to cancel a placement at any time.
2. 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.
3. 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.
4. 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.
5. 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

<b>PURPOSE OF PROTOCOL:</b>	To define if process if fitness to practice issues arise
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons) Occupational Therapy Programme at the National University of Galway.
<b>DEFINITION:</b>	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 (sample school referral procedures are provided in Appendix 2). 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](https://www.universityofgalway.ie/media/registrar/docs/policiesmay2023/QA232-Fitness-to-Practice-(5)-May-23.pdf)



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## Discipline of Occupational Therapy

### PROTOCOL 31: STUDENT COMPLAINTS

<b>PURPOSE OF PROTOCOL:</b>	To direct the student to The University of Galway student complaint policies.
<b>SCOPE:</b>	<p>This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.</p> <p>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 <a href="https://www.universityofgalway.ie/media/studentservices/files/policies/QA611-University-of-Galway-Student-Complaints-Procedure.pdf">https://www.universityofgalway.ie/media/studentservices/files/policies/QA611-University-of-Galway-Student-Complaints-Procedure.pdf</a></p>
<b>DEFINITION:</b>	<p>This is only a summary of the procedures. Please refer to full policy documents.</p> <p>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 <a href="http://www.the University of Galway.ie/codeofconduct/">http://www.the University of Galway.ie/codeofconduct/</a></p> <p>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 <a href="http://www.the University of Galway.ie/codeofconduct/">http://www.the University of Galway.ie/codeofconduct/</a>.</p> <p>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</p>

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#### 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.





## Discipline of Occupational Therapy

### PROTOCOL 32: COMMUNICATION WITH STUDENTS AND PRACTICE EDUCATORS DURING PLACEMENT

<b>PURPOSE OF PROTOCOL:</b>	To define the communication structure and pathways during placement. Form 22 A
<b>SCOPE:</b>	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway. Factsheet 22 and 23.
<b>DEFINITION:</b>	Communication is any method of contact to provide information, offer support or guidance or to co-supervise

#### PROTOCOL

##### For Practice Educators

1. Educators are provided with all placement information prior to placement
2. 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
3. Educators are given contact details of PEC and asked to contact at any time for support
4. Pre halfway email is sent to educators to remind them of half way report
5. Practice education Coordinator has a half way co-supervision meeting with each of the educator/s
6. Telephone contact on request/required
7. Week 7 email about competency assessment form
8. End of placement feedback and survey
9. Debriefing offered if an underperforming student was experienced

##### For students

1. Pre placement and thereafter weekly email with information for that week
2. Online webinars on request
3. Offer of support or to contact for support in each email, evening contact available
4. Half way contact either by phone or via online platform- see form
5. Feedback on placement
6. Mandatory debrief sessions



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## Discipline of Occupational Therapy

### PROTOCOL 33: PRACTICE EDUCATOR DEBRIEFING AFTER STUDENT PLACEMENT

<b>PURPOSE OF PROTOCOL:</b>	Defining the process of debriefing for Practice Educators at The University of Galway
<b>SCOPE:</b>	This protocol applies to all Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the National University of Galway
<b>DEFINITION:</b>	Debriefing is a shared reflection on a Practice Education placement. The aim of debriefing is to evaluate what 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.

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#### PROTOCOL

1. Practice Educators can request debriefing at any point up to one year after having a student.
2. 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.
3. 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.
4. 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.
5. Both parties must agree if notes are to be taken on the debriefing session. This is not a requirement.
6. 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

<b>FORM</b>	<b>University form – ECH/01</b>
<b>PURPOSE OF PROTOCOL:</b>	Directing the student to appeal policies.
<b>SCOPE:</b>	This protocol applies to all students of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway
<b>DEFINITION:</b>	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.

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#### PROTOCOL

1. The student completes form ECH/01 together with an appeal fee per subject appealed to the examination office.
2. The examination office will issue an acknowledgement.
3. A copy of the document will be sent to the Appeals Committee Chairperson, Secretary, Dean of Faculty and Head of School.
4. The appeal will be discussed at the Appeals Committee.
5. The student will be informed of the decision.
6. For further information go to the Occupational Therapy Policies and Procedures Handbook.



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### PROTOCOL 35: RETENTION OF STUDENT RECORDS BY PRACTICE EDUCATOR

<b>FORM</b>	FORM 34. CONSENT FORM FOR RETENTION OF COPY OF STUDENT DOCUMENTATION
<b>PURPOSE OF PROTOCOL:</b>	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.
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	Student records include all documents completed in Practice Education on student assessment.

#### PROTOCOL

1. 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.
2. Students can take a photocopy of their documentation.
3. Students will retain their signs supervision forms in their placement portfolios
4. If the practice educators wishes to retain student documentation they must gain the consent of the student to do so.
5. 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)

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

#### PROTOCOL

1. 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.
2. 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”.
3. Students can discuss their concerns with their Practice Educator in the first instance and seek support to follow the site-specific policy.
4. 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.
5. Failing this, they should contact another member of the Department to discuss their concerns.
6. 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.

7. 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

<b>FORM</b>	None – guidance only
<b>PURPOSE OF PROTOCOL:</b>	To describe the process if a summer placement is required.
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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.
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 withdrew due to sickness, 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

<b>FORMS</b>	38 A: STUDENT FEEDBACK 38 C: EDUCATOR FEEDBACK 2 <sup>ND</sup> , 3 <sup>RD</sup> AND 4 <sup>TH</sup> YEAR 38: FEEDBACK IN PRACTICE EDUCATION FORM
<b>PURPOSE OF PROTOCOL:</b>	To describe the process and actions that address quality practice education placements
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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 bi annual practice education report that is provided to the Programme Board.



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### PROTOCOL 39: CONSEQUENCES OF FAILING PRACTICE EDUCATION

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

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#### 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

<b>FORMS</b>	N/A
<b>PURPOSE OF PROTOCOL:</b>	To describe debriefing for students after placement
<b>SCOPE:</b>	This protocol applies to all students and Practice Educators of the B.Sc. (Hons.) Occupational Therapy Programme at the University of Galway.
<b>DEFINITION:</b>	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

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

## References

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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](mailto: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](mailto:otpracticeeducation@universityofgalway.ie)



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## Discipline of Occupational Therapy

### 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:**

<b>Section 1</b>	<b>Site and Contact Information</b>
	<p><u>Supporting information (Optional):</u> 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.</p>
<b>Section 2</b>	<b>Characteristics of Occupational Therapy Services</b>
	<p><u>Type of service:</u> 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.</p> <p><u>Description of Service:</u> The AOTI guidance document “Minimum standards for practice education in Ireland 2010” gives a list of areas of OT practice that could fall under the headings PHYSICAL or PSYCHOSOCIAL. <a href="https://www.tcd.ie/medicine/occupational-therapy/assets/doc/AOTI-Minimum-Standards-for-Practice-Education-in-Ireland-2010.pdf">https://www.tcd.ie/medicine/occupational-therapy/assets/doc/AOTI-Minimum-Standards-for-Practice-Education-in-Ireland-2010.pdf</a></p>
<b>Section 3</b>	<b>Essential Preparation for Students</b>
	<p><u>(b) Recommended Reading:</u> Grade pre-reading according to placement level (i.e. observation, 2<sup>nd</sup> year, 3<sup>rd</sup> year, 4<sup>th</sup> year placements). <i>Examples could include</i> relevant legislation documents, articles, books (give specific chapters), and best practice guidelines (if available).</p> <p><u>© Other:</u> <i>Examples could include:</i></p> <ul style="list-style-type: none"> <li>a) Review relevant modules &amp; theory from university.</li> <li>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).</li> <li>c) Include links to any relevant online learning resources (e.g. HSELand, educational videos etc.).</li> <li>d) Include links to supportive organisations &amp; foundations (and highlight any recommended resources available via it).</li> </ul>
<b>Section 4</b>	<b>Learning Opportunities and Resources for Students</b>
	<p><i>“Other learning opportunities and resources for students” could include:</i></p> <ul style="list-style-type: none"> <li>a) Library resources (local / online resources available during placement).</li> <li>b) Other occupational therapy sites within service, or in local area, that student can arrange to visit.</li> <li>c) Seating clinics, Assistive technology clinics, etc.</li> </ul>
<b>Section 5</b>	<b>Amenities available to Students</b>
	<p><u>Cafeteria:</u> If no cafeteria or kitchen is available, try to give your student some guidance around available options (e.g. local café, packed lunch etc.)</p>



	<p><u>Locker:</u> If no locker is available, please try to have a locked drawer for safekeeping of personal items.</p> <p><u>Public transport:</u> Give directions &amp; 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.</p> <p><u>Accommodation:</u> 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.</p> <p><u>Working Hours:</u> Specify start &amp; finish times, break-time, lunchtime.</p>
<b>Section 6</b>	<b>Site Requirements for Students</b>
	<p><u>Dress Code:</u> 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.</p> <p><u>Health &amp; Safety:</u> Include any specific requirements that might exist.</p>
<b>Section 7</b>	<b>Message to students</b>
	<p><u>What to expect on your first day:</u></p> <ol style="list-style-type: none"> <li>1. Give directions to the student, and reporting time for first day of placement.</li> <li>2. Advise re. Parking arrangements for students who have cars.</li> <li>3. List of people the student should expect to meet on first day.</li> <li>4. Content of first day (initial induction &amp; orientation).</li> </ol>

**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.



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## 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

The current 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).

The original fully completed **Practice Education Competency Assessment Form** should be returned to:

Practice Education Co-ordinator  
Discipline of Occupational Therapy  
School of Health Sciences  
Aras Moyola  
University of Galway  
University Road  
Galway

Or emailed to Practice Education Coordinator using the provided password relevant to the placement block. This is provided in week 7 of each placement block using an unique password for each placement block. On receipt of completed form, a CPD certificate is provided to the Practice Educator.

It is recommended that the student keep a copy of the assessment form in their placement portfolio.

#### 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, but signatures need to be made to a printed electronic version.

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

NAME OF STUDENT	TYPE OR HANDWRITE FULL NAME	
NAME OF SERVICE	TYPE OR HANDWRITE SERVICE NAME	
TYPE OF EXPERIENCE	TYPE OR HANDWRITE TYPE OF EXPERIENCE, E.G ACUTE GENERAL HOSPITAL (Physical)	
DATE OF EXPERIENCE (dd/mm/yyyy)	From <b>Start Date</b>	To <b>End Date</b>
NAME OF PRACTICE EDUCATOR	List Name(s) of Practice Educator(s)	
CORU REGISTRATION NUMBER		

NUMBER OF DAYS ABSENT	LIST TOTAL NUMBER OF DAYS ABSENT
TOTAL HOURS COMPLETED	LIST TOTAL NUMBER OF HOURS COMPLETED: STUDENT MUST ATTAIN 1000 HOURS OF PLACEMENT OVER THE COURSE OF THE PROGRAMME. 250 HOURS MUST BE COMPLETED IN PSYCHOSOCIAL PLACEMENT. STUDENTS WORK A 35 HOUR WEEK SO AN EIGHT WEEK PLACEMENT WITHOUT ABSENCE IS 280 HOURS. A MINIMUM OF 250 HOURS IS NECESSARY TO PASS THE PLACEMENT.

### OVERALL LEVEL OF ACHIEVEMENT

<b>COMPETENT</b> <input type="checkbox"/> THIS IS A PASS GRADE. TO BE AWARDED THIS GRADE ALL BOXES IN THE FORM MUST BE MARKED AS EITHER EVIDENT OR ENHANCED	<b>NOT COMPETENT</b> <input type="checkbox"/> 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 <i>(Student required to repeat placement)</i>
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**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.

<b>SIGNATURE OF PRACTICE EDUCATOR</b>	<b>THE EDUCATOR OR EDUCATORS (IF MORE THAN ONE) MUST SIGN THIS FORM. CPD CERTIFICATES ARE ONLY PROVIDED TO THOSE EDUCATORS THAT SIGN THE FORMS</b>
<b>EMAIL ADDRESS OF PRACTICE EDUCATOR</b>	<b>EMAIL ADDRESSES MUST BE INCLUDED FOR ALL SIGNATORIES</b>
<b>SIGNATURE OF STUDENT</b>	<b>STUDENT MUST SIGN THIS PRIOR TO LEAVING THE PLACEMENT</b>

**Both** signatures are required.

#### STUDENT HOURS LOG

<b>Week (From – To) (dd/mm/yyyy)</b>	<b>Hours Completed</b>	<b>Initials of Practice Educator</b>
<b>1. Start Date to End Date</b>	List Hours Completed	<b>IN SIGNING THIS SECTION EDUCATORS ARE SIGNING</b>
<b>2. Start Date to End Date</b>	List Hours Completed	<b>CONFIRM HOURS WORKED, EXCLUDING LUNCH &amp; BANK</b>
<b>3. Start Date to End Date</b>	List Hours Completed	<b>STATUTORY DAY, SICK OR OTHER. ABSENT DAYS.</b>
<b>4. Start Date to End Date</b>	List Hours Completed	<b>3 HOURS STUDY PER WEEK IS INCLUDED. SEE NOTE</b>
<b>5. Start Date to End Date</b>	List Hours Completed	
<b>6. Start Date to End Date</b>	List Hours Completed	
<b>7. Start Date to End Date</b>	List Hours Completed	
<b>8. Start Date to End Date</b>	List Hours Completed	

**To be completed by Practice Educator:**

<b>Certificated Sick leave hours taken:</b>	Enter Hours of Sick Leave Taken	<b>Sick leave hours made up:</b>	<b>Enter Hours of Sick Leave Made-up. THIS SHOULD BE ON PLACEMENT WORK ONLY, NOT STUDY OR UNIVERSITY WORK</b>
<b>Other Sick leave taken</b>	Enter Hours of Sick Leave Taken	<b>Sick leave cert forwarded to PEC*:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other hours absent</b>	<b>Number of hours:</b>	<b>Reason:</b>	<b>SEE ABSENCE POLICY BELOW</b>
<b>Number of public holidays:</b>	List Number of Public Holidays	<b>Total hours completed:</b>	List Total Hours Completed
<b>Signature of Practice Educator:</b>	<b>PRACTICE EDUCATOR TO SIGN TO CONFIRM HOURS</b>		<b>Date:</b>

\* 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 TRUE RECORD OF HOURS WORKED**

<b>Student Name and Number</b>	<b>Student Signature / Date</b>

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

Competencies can be marked as “Not Evident”, “Emerging”, “Evident” or “Enhanced”. To pass the final assessment, all competencies must be either “Evident” or “Enhanced” by the end of placement.

<b>NOT EVIDENT</b> – This competency was not demonstrated.	<b>EVIDENT</b> – This competency was consistently demonstrated.
<b>EMERGING</b> – This competency was not consistently demonstrated.	<b>ENHANCED</b> – This competency was consistently demonstrated. The performance was to a high standard.

### Second year, third year and fourth year placements

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.

To pass placement all competencies must marked evident or enhanced. There is one competency that might on occasion not be available to the student in the placement site, i.e. group work. If this is the case, the practice educator must indicate on the form that this is not applicable and clearly state in the comments section that group work is not available in this setting.

NOT COMPETENT	COMPETENT
<b>NOT EVIDENT</b> – This competency was not demonstrated.	<b>EVIDENT</b> – This competency was consistently demonstrated.
<b>EMERGING</b> – This competency was not consistently demonstrated.	<b>ENHANCED</b> – This competency was consistently demonstrated. The performance was to a high standard.

### 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.



Competencies	Not Competent		Competent	
	Not Evident	Emerging	Evident	Enhanced
<p><b>Work safely in compliance with health and safety regulations as specified in the practice setting.</b></p> <p><b><i>THE CORU STANDARDS THAT RELATE TO THIS COMPETENCY STATEMENTS ARE:</i></b></p> <p><b><i><u>CORU Standards of Proficiency: Professional Autonomy and Accountability</u></i></b></p> <p><i>6.Be able to exercise a professional duty of care</i></p> <p><b><i><u>CORU Standards of Proficiency: Safety and Quality</u></i></b></p> <p><i>7.Be able to prioritise and maintain the safety of both service users and those involved in their care</i></p> <p><i>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</i></p> <p><i>13. Be able to comply with relevant and current health and safety legislation and guidelines</i></p> <p><b><i><u>CORU standards of Proficiency: Professional Knowledge and Skills</u></i></b></p> <p><i>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</i></p> <p><i>25. Demonstrate safe and effective implementation of practical, technical and clinical skills</i></p> <p><b><i><u>POSSIBLE SITE SPECIFIC EXAMPLES OF A PLACEMENT EXPECTATION:</u></i></b></p> <p><b><i>Student will lead on Risk Assessments</i></b></p> <p><b><i>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.)</i></b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b>Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice</b></p> <p><u><b>CORU Standards of Proficiency: Professional Autonomy and Accountability</b></u></p> <p><i>1. Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession</i></p> <p><i>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</i></p> <p><i>9. Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers.</i></p> <p><u><b>CORU standards of Proficiency: Professional Knowledge and Skills</b></u></p> <p><i>25. Demonstrate safe and effective implementation of practical, technical and clinical skills</i></p> <p><b><u>POSSIBLE SITE SPECIFIC EXAMPLES OF A PLACEMENT EXPECTATION:</u></b></p> <p><i>Makes appropriate ethical decisions when prioritising and managing a caseload</i></p> <p><i>Adheres to local procedures, policies or protocols (i.e. standard operating procedures)</i></p> <p><i>Gains and records client consent</i></p>				
<p><b>Adhere to confidentiality as described in the local context.</b></p> <p><u><b>CORU Standards of Proficiency: Professional Autonomy and Accountability</b></u></p> <p><i>10. Understand and respect the confidentiality of service users and use information only for the purpose for which it was given</i></p> <p><i>11. Understand confidentiality in the context of the team setting</i></p> <p><i>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</i></p>				

<p>14. Be able to recognise and manage the potential conflict that can arise between confidentiality and whistle-blowing</p> <p><b>POSSIBLE SITE SPECIFIC EXAMPLES OF A PLACEMENT EXPECTATION:</b></p> <p><i>Can explore potential conflict between confidentiality and whistleblowing in supervision</i></p> <p><i>Demonstrates confidentiality in the team setting</i></p>				
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### 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
<p>1. Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community.</p> <p><u><a href="#">CORU Standards of Proficiency: 5. Professional Knowledge and Skills</a></u></p> <p>5.1 Know, understand and apply the key concepts of the domains of knowledge which are relevant to the practice of the profession.</p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Demonstrate through either verbal or written communication the person-occupation-environment relationship within the client's context.</p> <p><u><a href="#">CORU Standards of Proficiency: 5. Professional Knowledge and Skills</a></u></p> <p>5.2 Demonstrate a critical understanding of relevant biological sciences including anatomy, human development, social and behavioural sciences,</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>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.</p> <p>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</p> <p>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</p> <p>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.</p>							
<p>3. Analyse the use and adaptation of occupations for the client's group and/or community.</p> <p><b><u>CORU Standards of Proficiency:</u></b></p> <p><b><u>3. Safety and Quality</u></b></p> <p>3.1 Be able to gather all appropriate background information relevant to the service user's health and social care needs</p> <p>3.2 Be able to justify the selection of and implement appropriate</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>assessment techniques and be able to undertake and record a thorough, sensitive and detailed assessment</p> <p>3.3 Be able to determine the appropriate tests/assessments required and undertake/arrange these tests</p> <p>3.4 Be able to analyse and critically evaluate the information collected in the assessment process</p> <p>3.5 Be able to demonstrate sound logical reasoning and problem-solving skills to determine appropriate problem lists, action plans and goals</p> <p><b><u>5. Professional Knowledge and Skills</u></b></p> <p>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.</p>							
<p>4. Apply the therapeutic use of occupation to influence health and well-being of the client or group positively.</p> <p><b><u>CORU Standards of Proficiency:</u></b></p> <p><b><u>5. Professional Knowledge and Skills</u></b></p> <p>5.11 Be able to identify, select and implement specific and appropriate occupations and activities in practice</p> <p>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</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>therapeutic relationship as the basis for change and enabling participation and engagement in occupation</p> <p>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</p>							
<p>5. Support engagement and participation in meaningful occupation.</p> <p><b><u>CORU Standards of Proficiency:</u></b> <b><u>5. Professional Knowledge and Skills</u></b></p> <p>5.1 Know, understand and apply the key concepts of the domains of knowledge which are relevant to the practice of the profession.</p> <p>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.</p> <p>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.</p> <p>5.11 Be able to identify, select and implement specific and appropriate occupations and activities in practice</p> <p>5.12 Be able to discuss the effects of occupational dysfunction and deprivation on the health of individuals, families, groups and</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>communities and the importance of restoring health and wellbeing through engagement and participation in occupation</p> <p><b><u>CORU Standards of Proficiency: Professional Autonomy and Accountability</u></b></p> <p>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</p>							
<p>6.** Demonstrate an awareness of occupational justice and occupational deprivation for the client and/or community</p> <p><b><u>CORU Standards of Proficiency: Professional Knowledge and Skills</u></b></p> <p>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</p> <p>5.5 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</p> <p>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</p>							



**HALFWAY COMMENTS ON OCCUPATIONAL COMPETENCIES**

Enter Halfway Comments on Occupational Competencies Here

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 THAT STUDENTS SHOULD BE SHOWING 'CONSISTENCY' AND TO STANDARD TO BE AWARDED AN '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**

Enter Final Comments on Occupational Competencies Here

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
<p>7. Demonstrate listening, verbal and non-verbal communication skills, both formally and informally.</p> <p><b><u>CORU Standards of Proficiency:</u></b></p> <p><b><u>2. Communication, Collaborative Practice and Team working</u></b></p> <p><b>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.</b></p> <p>2.5 Be able to recognise when the services of a professional translator are required.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Give and receive feedback in an open and honest manner.</p> <p><b><u>CORU Standards of Proficiency:</u></b></p> <p><b><u>4. Professional Development</u></b></p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>9. Present oral information in a clear, concise and well-structured manner both formally and informally.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b></p> <p>2.1 Be able to communicate diagnosis/assessment and/or treatment/management options in a way that can be understood by the service user</p> <p>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</p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b></p> <p>2.6 Be able to produce clear, concise, accurate and objective documentation.</p> <p>2.8 Be aware of and comply with local/national documentation standards including, for example, terminology, signature requirements.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Communicate effectively and in a professional manner with individuals.								
<p><u>CORU Standards of Proficiency:</u>  <u>1. Professional Autonomy and Accountability</u>  <u>1.15 Be able to gain informed consent to carry out assessments or provide treatment/interventions and document evidence that consent has been obtained.</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><u>2. Communication, Collaborative Practice and Team working</u>  2.1 Be able to communicate diagnosis/ assessment and/or treatment / management options in a way that can be understood by the service user.</p> <p>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</p> <p>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</p>								
12. Communicate effectively and in a professional manner in a group environment.								
<p><u>CORU Standards of Proficiency:</u>  <u>2. Communication, Collaborative Practice and Team working</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>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.</p> <p>2.13 Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team.</p> <p>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.</p> <p>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.</p>							
<p>13. Form collaborative working relationships within interdisciplinary teams.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b></p> <p>2.13 Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>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.</p> <p>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</p>							
<p>14. Use computer and/or communication technologies appropriately in the placement setting.</p> <p><b><u>CORU Standards of Proficiency:</u></b> <b><u>2. Communication, Collaborative Practice and Team working</u></b></p> <p>2.7 Be able to apply digital literacy skills and communication technologies appropriate to the profession.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. Provides information with intervention options with professional opinion to the service users, and/or health professionals and/or relevant others.</p> <p><b><u>CORU Standards of Proficiency:</u></b> <b><u>2, Communication, Collaborative Practice and Team working</u></b></p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>16 Apply the principles of therapeutic use of self for client interactions.</p> <p><u><b>CORU standards of Proficiency:</b></u>  <b>5. Professional Knowledge and Skills</b>  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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17 Demonstrate the ability to provide appropriate instruction and supervision when delegating tasks to others where appropriate.</p> <p><u><b>CORU standards of Proficiency:</b></u>  <b>5. Professional Knowledge and Skills</b>  5.18 Be able to provide adequate instruction and supervision of occupational therapy interventions when delegating tasks to others.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES

Enter Halfway Comments on Communication Competencies Here

**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.**

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**FINAL COMMENTS ON COMMUNICATION COMPETENCIES**

Enter Final Comments on Communication Competencies Here

**COMMENT HERE ON STUDENTS STRENGTHS AND COMPETENCIES WHERE THE STUDENT SHOULD FOCUS 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
<p>18. Select and apply appropriate conceptual and practice models to guide the occupational therapy process.</p> <p><u><a href="#">CORU standards of Proficiency: 5. Professional Knowledge and Skills</a></u></p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>19. Demonstrate an integration of occupational therapy theory within practice.</p> <p><u><a href="#">CORU Standards of Proficiency: 5. Professional Knowledge and Skills</a></u></p> <p>5.3 Demonstrate an understanding of the theoretical concepts underpinning occupational therapy including the occupational nature of individuals, families, groups and communities.</p> <p>5.23 Demonstrate skills in evidence-informed practice, including translation of theory, concepts and methods to clinical/professional practice.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>20. Demonstrate an integration of relevant supporting evidence based knowledge within occupational therapy practice.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>3. Safety and Quality</u></b>  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</p> <p>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</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>5. Professional Knowledge and Skills</u></b>  5.23 Demonstrate skills in evidence-informed practice, including translation of theory, concepts and methods to clinical/professional practice.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>21. Demonstrate a logical and systematic approach to problem solving and decision-making.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy and Accountability</u></b>  1.17 Recognise personal responsibility and professional accountability for one's actions</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>and be able to justify professional decisions made.</p> <p>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.</p>								
<p>22. Demonstrate engagement in clinical reasoning to guide practice.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy and Accountability</u></b>  1.17 Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>3. Safety and Quality</u></b>  3.5 Be able to demonstrate sound logical reasoning and problem solving skills to determine appropriate problem lists, action plans and goals.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>23. Demonstrate engagement in reflection and evaluation of practice.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>3. Safety and Quality</u></b>  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</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>findings of these audits and reviews</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>5. Professional Knowledge and Skills</u></b>  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.</p>								
<p>24. Facilitate a culturally sensitive approach to practice.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy and Accountability</u></b>  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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>25. Facilitate a client centred approach.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>5. Professional Knowledge and Skills</u></b>  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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b>  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.</p>								
<p>26. Facilitate the active participation of the client in the team.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy &amp; Accountability</u></b>  1.2 Be able to act in the best interest of service users at all times with due regard to their will and preference.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b>  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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>27 Apply the principle of informed consent prior to and throughout the occupational therapy process.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy &amp; Accountability</u></b>  1.15 Be able to gain informed consent to carry out assessments or provide treatment/interventions and</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.								
<b><u>CORU Standards of Proficiency:</u></b> <b><u>3. Safety and Quality</u></b> 3.1 Be able to gather all appropriate background information relevant to the service user's health and social care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Select and administer appropriate standardised and non-standardised assessment tools.								
<b><u>CORU Standards of Proficiency:</u></b> <b><u>3. Safety and Quality</u></b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>CORU Standards of Proficiency:</u></b> <b><u>3. Safety and Quality</u></b>								

3.4 Be able to analyse and critically evaluate the information collected in the assessment process.								
<p>31. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy &amp; Accountability</u></b>  1.3 Be able to act in the best interest of service users at all times with due regard to their will and preference</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b>  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.</p> <p><b><u>CORU standards of Proficiency:</u></b>  <b><u>5. Professional Knowledge and Skills</u></b>  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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>32. Plan, grade, implement and modify interventions that are outcome based and relevant to the person's goals.</p> <p><b><u>CORU standards of Proficiency:</u></b>  <b><u>5. Professional Knowledge and Skills</u></b>  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</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>33. Facilitate effective individual and/or group work interventions.</p> <p><b><u>CORU standards of Proficiency:</u></b>  <b><u>5. Professional Knowledge and Skills</u></b>  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</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>34. Demonstrate a working knowledge of group dynamics within the context.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b>  13. Understand the need to build and sustain professional relationships as both an</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<p>independent practitioner and collaboratively as a member of a team</p> <p>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</p> <p><b><u>CORU standards of Proficiency:</u></b>  <b><u>5. Professional Knowledge and Skills</u></b>  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.</p>								
<p>35. Evaluate outcomes in collaboration with all parties.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Collaborative Practice and Team working</u></b>  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</p> <p><b><u>CORU Standards of Proficiency</u></b>  <b><u>3. Safety and Quality</u></b>  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</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

plans as necessary and where appropriate, in conjunction with the service user								
<p>36. Make onward referrals to other agencies or professionals to optimise responses to client needs.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1 Professional Autonomy &amp; Accountability</u></b></p> <p>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.</p> <p>15. Be able to gain consent to carry out assessments to provide treatment/interventions and document evidence that consent has been obtained</p> <p>1.18 Be able to take responsibility for managing one's own workload as appropriate.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b></p> <p>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.</p> <p>2.13 Understand the need to build and sustain professional relationships as both an independent practitioner and</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>collaboratively as a member of a team.</p> <p>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.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>3. Safety and Quality</u></b>  3.5 Be able to demonstrate sound logical reasoning and problem-solving skills to determine appropriate problem lists, action plans and goals.</p>								
<p>37. Plan and implement discharge and follow-up.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy &amp; Accountability</u></b>  1.18 Be able to take responsibility for managing one's own workload as appropriate.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>38. Prioritise and manage a caseload either group or individual, under supervision.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy &amp; Accountability</u></b>  18. Be able to take responsibility for managing one's own workload as appropriate.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>39.** Demonstrate an ability to understand and manage risk.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>3. Safety and Quality</u></b>  3.10 Be able to recognise important risk factors and</p>								

<p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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.</p>							
<p>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.</p>							
<p>40. Applies the concepts of advocacy in addressing the occupational needs of individuals, groups and communities.</p> <p><b><u>CORU Standards of Proficiency:</u></b></p> <p><b><u>1. Professional Autonomy &amp; Accountability</u></b></p> <p><b>1.3 Be able to act in the best interest of service users at all times with due regard to their will and preference.</b></p> <p><b><u>CORU standards of Proficiency:</u></b></p> <p><b><u>5. Professional Knowledge and Skills</u></b></p> <p><b>5.17 Recognise the role of advocacy in promoting the needs and interests of service users and be able to understand and apply</b></p>							

the concepts of advocacy in addressing the occupational needs of individuals, groups and communities								
<p>41. Select and use assistive technologies or therapeutic modalities appropriately and safely in client interventions.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b>  2.5 Be able to recognise when the services of a professional translator are required.</p> <p><b><u>CORU standards of Proficiency:</u></b>  <b><u>5. Professional Knowledge and Skills</u></b>  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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>42. Facilitates the service user's management of their own health and wellbeing.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>2. Communication, Collaborative Practice and Team working</u></b>  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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 THAT STUDENTS SHOULD BE SHOWING 'CONSISTENCY' AND TO STANDARD TO BE AWARDED AN '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. Enter Halfway Comments on Occupational Therapy Process Competencies Here

**FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES**

Enter Final Comments on Occupational Therapy Process Competencies Here COMMENT HERE ON STUDENTS STRENGTHS AND COMPETENCIES WHERE THE STUDENT SHOULD FOCUS 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
<p>43. Work safely in compliance with health and safety regulations as specified in the practice setting.</p> <p><u>CORU Standards of Proficiency:</u>  <u>1. Professional Autonomy &amp; Accountability</u>  1.6. Be able to exercise a professional duty of care.</p> <p><u>CORU Standards of Proficiency:</u>  <u>3. Safety and Quality</u>  3.7 Be able to prioritise and maintain the safety of both service users and those involved in their care.</p> <p>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.</p> <p>3.13 Be able to comply with relevant and current health and safety legislation and guidelines.</p> <p><u>CORU Standards of Proficiency:</u>  <u>5. Professional Knowledge and Skills</u></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>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</p> <p>5.25 Demonstrate safe and effective implementation of practical, technical and clinical skills.</p>							
<p>44. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.</p> <p><b><u>CORU Standards of Proficiency: Professional Autonomy and Accountability</u></b></p> <p>1.1 Be able to practise safely and effectively within the legal, ethical and practice boundaries of the profession</p> <p>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.</p> <p>1.9 Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers.</p> <p><b><u>CORU Standards of Proficiency: 5. Professional Knowledge and Skills</u></b></p> <p>5.25 Demonstrate safe and effective implementation of</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



practical, technical and clinical skills.								
<p>45. Demonstrate an understanding of policy and legislation on local practice context.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>1. Professional Autonomy &amp; Accountability</u></b>  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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>46. Adhere to confidentiality as described in the local context.</p> <p><b><u>CORU Standards of Proficiency: 1. Professional Autonomy &amp; Accountability</u></b>  1.10 Understand and respect the confidentiality of service users and use information only for the purpose for which it was given.</p> <p>1.11 Understand confidentiality in the context of the team setting.</p> <p>1.12 Understand and be able to apply the limits of the concept of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse.</p> <p>1.14 Be able to recognise and manage the potential conflict that can arise between</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

confidentiality and whistle-blowing.							
<p>47. Present self in a manner appropriate to the working environment.</p> <p><b><u>CORU Standards of Proficiency:</u></b></p> <p><b><u>1. Professional Autonomy &amp; Accountability</u></b></p> <p>Be able to practice safely and effectively within the legal, ethical and practice boundaries of the profession.</p> <p><b><u>CORU Standards of Proficiency:</u></b></p> <p><b><u>3. Safety and Quality</u></b></p> <p>7. Be able to prioritise and maintain the safety of both service users and those involved in their care.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>48. Respond constructively to changing circumstances and demands.</p> <p><b><u>CORU Standards of Proficiency: Professional Autonomy and Accountability</u></b></p> <p>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.</p> <p>1.18 Be able to take responsibility for managing one's own workload as appropriate.</p> <p>1.20 Be aware of and be able to take responsibility for managing one's own health and wellbeing.</p> <p><b><u>CORU Standards of Proficiency:</u></b></p> <p><b><u>3. Safety and Quality</u></b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. <u>CORU Standards of Proficiency:</u> <u>1. Professional Autonomy &amp; Accountability</u> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Demonstrate a positive approach to clients and team members. <u>CORU Standards of Proficiency:</u> <u>2. Communication, Collaborative Practice and Team working</u> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Demonstrate effective time management. <u>CORU Standards of Proficiency:</u> <u>1. Professional Autonomy &amp; Accountability</u> 1.18 Be able to take responsibility for managing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

one's own workload as appropriate.								
<p>52. Demonstrate best use of resources available.</p> <p><u>CORU Standards of Proficiency:</u></p> <p><u>1. Professional Autonomy &amp; Accountability</u></p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>53. Demonstrate an ability to source, analyse and critique literature and research findings.</p> <p><u>CORU Standards of Proficiency:</u></p> <p><u>5. Professional Knowledge and Skills</u></p> <p>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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES

Enter Halfway Comments on Professional Behaviour Competencies Here

**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 THAT STUDENTS SHOULD BE SHOWING 'CONSISTENCY' AND TO STANDARD TO BE AWARDED AN '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

Enter Final Comments on Professional Behaviour Competencies Here

**COMMENT HERE ON STUDENTS STRENGTHS AND COMPETENCIES WHERE THE STUDENT SHOULD FOCUS 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. <u>CORU Standards of Proficiency:</u> <u>4. Professional Development</u> 4.1 Be able to engage in and take responsibility for their own professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Actively engage in supervision and request and utilise professional support. <u>CORU Standards of Proficiency:</u> <u>1. Professional Autonomy &amp; Accountability</u> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>4. Professional Development</u></b>  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.</p>								
<p>56. Implement a learning contract.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>4. Professional Development</u></b>  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.</p>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>57. Identify own personal and professional strengths and limitations.</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>4. Professional Development</u></b>  4.4 Understand and recognise the impact of personal values and life experience on professional practice and be able to manage this impact appropriately.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>58. Maintain a record of personal and professional development (i.e. portfolio)</p> <p><b><u>CORU Standards of Proficiency:</u></b>  <b><u>4. Professional Development</u></b>  4.2 Understand the need to demonstrate evidence of ongoing continuing professional</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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#### FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES

COMMENT HERE ON STUDENTS STRENGTHS AND COMPETENCIES WHERE THE STUDENT SHOULD FOCUS IN THEIR FUTURE DEVELOPMENT.

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## Discipline of Occupational Therapy

### 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.

#### **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).

#### **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](http://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
1					
2					
3					
4					
5					
6					

Brief description of the learning activity or learning experience

--

What learning need was the activity designed to meet (refer to 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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## Discipline of Occupational Therapy

### 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	Students participates in clinical reasoning discussions	Student takes unprompted lead on clinical reasoning discussions for exploration of alternatives and confirmation of decisions

<b>Reflection</b>	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
<b>Competency Attainment</b>	Understanding practice.	Developing basic skills	Demonstrating skills in both reasoning and performance	Prepare to enter work as a competent, critical and reflective practitioner

**FACT SHEET 5: ROLES AND RESPONSIBILITIES OF EDUCATOR, STUDENT AND PRACTICE EDUCATION TEAM**

	<b>Educator</b>	<b>Student</b>	<b>Practice Education Co-ordinator</b>
<b>Before Placement</b>	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 standard of proficiency. Read the CORU 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
<b>First Week of Placement</b>	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.
<b>Half-way</b>	Complete the half-way 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.

<b>End of Placement</b>	Complete final report. 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 report. 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.
<b>After Placement</b>	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





## Discipline of Occupational Therapy

### FACT SHEET 6: EDUCATIONAL EXPECTATIONS FOR STUDENTS AT EACH LEVEL OF PLACEMENT

Level	First year professional skill development	Year 2 Level 1 Placement	Year 3 Level 1 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.
Application of theory	Educator Introduces basics of theory application	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	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	Students participates in clinical reasoning discussions	Student takes Unprompted lead on clinical reasoning discussions for exploration of alternatives and confirmation of decisions



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## Discipline of Occupational Therapy

<b>Reflection</b>	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.
<b>Competency Attainment</b>	Understanding practice.	Developing basic skills	Demonstrating skills in both reasoning and performance	Prepare to enter work as a competent, critical and reflective practitioner

**FACT SHEET 7: RECOMMENDED EDUCATIONAL APPROACHES FOR EACH PLACEMENT LEVEL**

Level	First Year professional skill development	2nd Year (Level 1)	3rd Year (Level 1)	4th Year (Level 2)
<b>Focus of Placement</b>	Exposure to a practice context.	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
<b>Educational Approach</b>	Teach.	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.
<b>OT Practice</b>	Student observes or participates with direct instruction. Allow some 'hands on'.	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.
<b>Feedback.</b>	Provide direct and specific 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.
<b>Reasoning</b>	Use case narratives or stories and explain your thinking and	Use narratives and case stories and discuss options (get students to choose	Use narratives and case stories but prompt student to identify their reasoning by asking them to	Provide expectations that students will instigate clinical reasoning discussions pre and post client interventions

	decision making to the student.	correct options) for clinical decisions.	describe, explore/discuss options or alternatives to interventions.	
<b>Theory</b>	Prompt student to think about how the Person, their Occupation, the Environment, and their participation (PEO-P) can be applied	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.
<b>Evidencing Learning</b>	Prompt student to ask questions and provide options for answers, students can choose the one they think may be correct.	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.

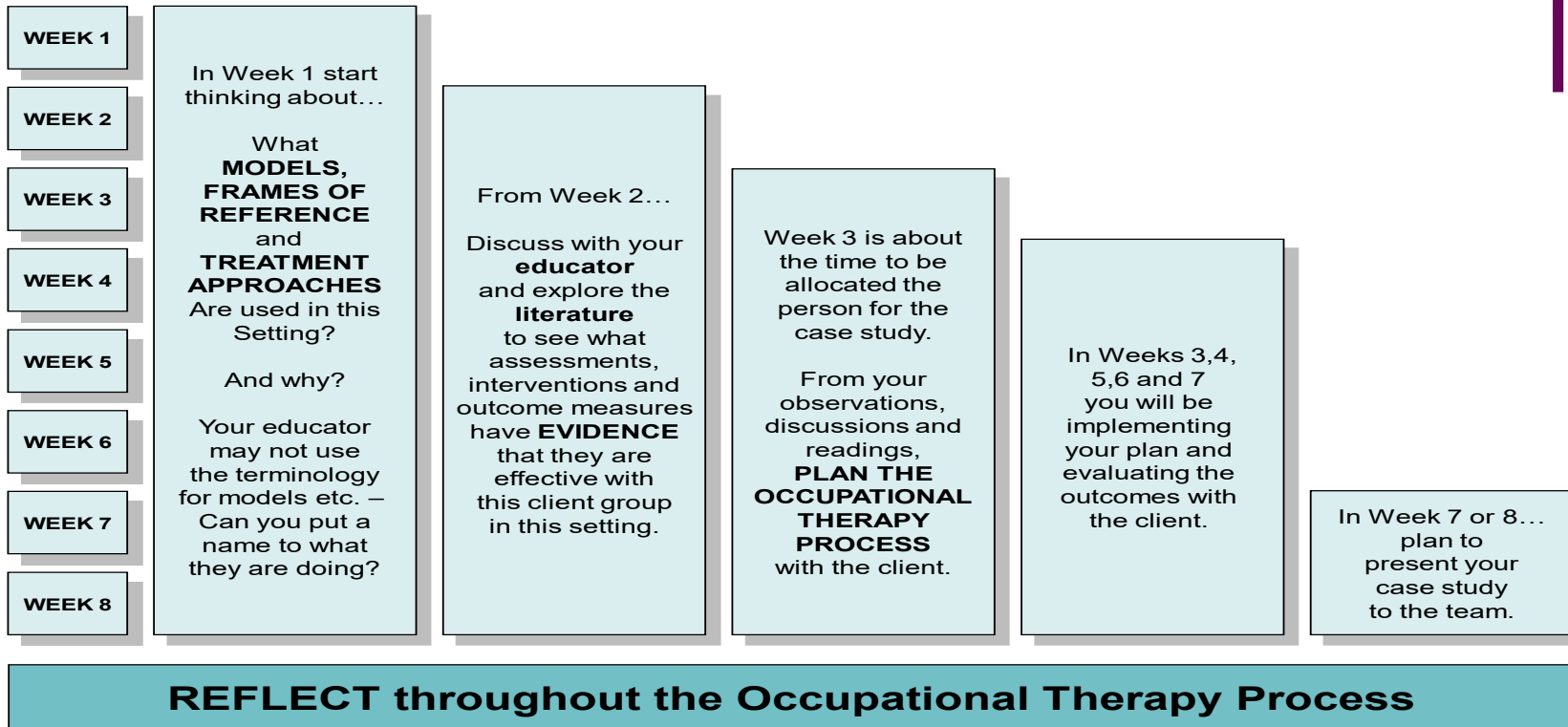


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## Discipline of Occupational Therapy

### FACT SHEET 8: THE CASE STUDY PROCESS

#### Discipline of Occupational Therapy The Case Study Process



#### Submit Case Study

*Date will be informed by Practice Education Co-ordinator.  
It will be at least one week after practice education ends.*



## Discipline of Occupational Therapy

### FACT SHEET 9: COMPETENCY EXPECTATIONS BY WEEK- 2<sup>nd</sup> YEAR

This fact sheet defines expectations of student performance during the weeks although each student may progress through these stages differently the final outcome should be that the student can work competently under direction.

Week One	To include
Supervision agreement & Orientation	Make an agreement on how you are going to supervise your student. A protected time for once, a week is planned and informal supervision on going agreed each day. 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.
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.
<b>Week Six</b>	<b>To include</b>
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.
<b>Week Seven</b>	<b>To include</b>
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 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.
<b>Week Eight</b>	<b>To include</b>
<b>Practice competence for 2<sup>nd</sup> year level</b>	By week eight, the student can show consistency of their ability to think, plan, organise, initiative, and evaluate all 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.



## Discipline of Occupational Therapy

### FACT SHEET 10: COMPETENCY EXPECTATIONS BY WEEK- 3<sup>RD</sup> YEAR

This fact sheet defines expectations of student performance during the weeks although each student may progress through these stages differently the final outcome should be that the student can work competently under direction.	
<b>Week One</b>	<b>To include</b>
Supervision agreement & Orientation	Make an agreement on how you are going to supervise your student. A protected time for once, a week is planned and informal supervision on going agreed each day. 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.
<b>Week Two</b>	<b>To include</b>
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.
<b>Week Three</b>	<b>To include</b>
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. They should be communicating with team members.
<b>Week Four</b>	<b>To include</b>
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 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. They must show insight into the reasoning for practice decisions correctly and follow through on actions.
<b>Week Five</b>	<b>To include</b>
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 is to practice standard with few errors. Communicate with others to standard, apply work based policies, discuss evidence based practice and application of theory.
<b>Week Six</b>	<b>To include</b>
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.
<b>Week Seven</b>	<b>To include</b>
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 a minimum of 6 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 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 to standard.
<b>Week Eight</b>	<b>To include</b>
<b>Practice competence for 3rd year level</b>	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

## FACT SHEET 11: COMPETENCY EXPECTATIONS BY WEEK- 4<sup>TH</sup> YR

This fact sheet has been designed to provide guidance to assist supervising a student as it defines expectations of student performance during the weeks although each student may progress through these stages differently the final outcome should be that the student can work competently under supervision.

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 formal supervision once a week is planned and informal supervision agreed each day. 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 be applying 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 based 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 base practice with the supervisors and demonstrate their learning through reflection and self-direction. Documentation is to practice standard and they are practicing as a team.

<b>Week Six</b>	<b>To include</b>
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 be 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 based practice. They can apply all workplace policies and can operate as a safe practitioner.
<b>Week Seven</b>	<b>To include</b>
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 working to the context "pace".
<b>Week Eight</b>	<b>To include</b>
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.



## Discipline of Occupational Therapy

### FACT SHEET 12: GUIDANCE ON LEARNING CONTRACT

The following information is aimed at assisting educators to develop a comprehensive learning contract with the student. Try and make sure each goal is specific, relevant and achievable in the time frame for the student.

Eraut (2004) created a typology of informal learning. The typology is aimed at facilitating “the planning, prioritising, recoding or reviewing professional development” (p.266). This may be useful for student practice facilitators to consider when discussing student development planning or personalising placements. There are eight domains for consideration and these have been placed under the heading of the CORU standards of proficiency.

These are linked to the five domains of the CORU Standards of Proficiency Available at <https://coru.ie/files-education/otrb-standards-of-proficiency-for-occupational-therapists.pdf>

#### CORU Standards of Proficiency: Professional Autonomy and Accountability

Role performance (prioritisation, range of responsibility, delegation, coping with unexpected problems, accountability).

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).

Judgement (quality of performance, output and outcomes).

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

Teamwork (collaborative work, joint planning and problem solving, mutual learning).

#### CORU Standards of Proficiency: Safety and Quality

Awareness and understanding (of other people, contexts, problems and risks, the organisations priorities and strategies).

#### CORU Standards of Proficiency: Professional Knowledge and Skills

Task performance (speed, fluency complexity, range of skills) to ensure depth of competency development.

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).

#### CORU Standards of Proficiency: Professional Development

Personal development (self-evaluation, self-management, building relationships and accessing relevant knowledge and expertise).

These headings may be useful to apply to a learning contract

Eraut, M. (2004). Informal learning in the workplace. *Studies in Continuing Education*, 26(2), 247-273. <http://doi.org/10.1080/158037042000225245>

*It is very important for educators to sign the contract when the student has achieved a goal. Not all goals might be achieved - that is ok as long as the student can evidence that they made every effort to achieve the goal and achievement was hampered not by lack of effort but by availability of opportunities to complete the goal in practice.*

## Examples of levels for learning contacts/personal development planning

Level	2nd Year (Level 1)	3rd Year (Level 1)	4th Year (Level 2)
<b>CORU: Professional Autonomy and Accountability</b> 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
<b>CORU: Professional Autonomy and Accountability</b> 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
<b>CORU: Safety and Quality Policies and procedures</b>	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
<b>CORU: Communication, collaborative practice and team working</b> 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
<b>Professional Autonomy and Accountability</b> 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
<b>CORU: Professional Knowledge and Skills</b> 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.
<b>CORU: Professional Knowledge and Skills</b> 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
<b>CORU: Professional Knowledge and Skills</b>	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

<b>Academic Knowledge: Evidence based practice</b>			leading discussions in supervision
<b>CORU: Professional Development Personal Development: Learning Behaviour</b>	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
<b>CORU: Professional Development Attitude to feedback</b>	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



## Discipline of Occupational Therapy

### FACT SHEET 13: CASE STUDY

During practice placements, students need to complete a case study by choosing a service user in collaboration with the practice educator. The service user selected should be a straightforward case and typical of the practice context, with no complexities or challenges for 2<sup>nd</sup> year case studies but with some complexities or challenges for 4<sup>th</sup> year case studies to demonstrate graduating competence.

2 <sup>nd</sup> Year	3 <sup>RD</sup> year	4 <sup>th</sup> Year PE 3/ Block 1	4 <sup>th</sup> 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 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.**

Student Responsibilities	Shared	Practice Educator (PE) Responsibilities
The student has been provided with guidelines for the case study (available in the Practice Education Handbook, Module Guides for Case study Appendix V and Y).	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 practice educator should discuss and explore the application of theory, evidence based practice and clinical reasoning with the student.
The student <b>may</b> present the case study to the Practice Education site team.		The practice educator <b>can</b> 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.
4 <sup>th</sup> year students should show independence in leading, planning and delivering occupational therapy to the service user but seek assistance appropriately when required.		The practice educator should advise the student if they are getting too focused on the case study and remind them to avail of all the learning opportunities that the placement offers to demonstrate overall competency in all assessment areas.





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## Discipline of Occupational Therapy

### **FACT SHEET 14: 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**

- a) Prepare well for placement. Attend your “Preparation for Practice” sessions, and do all the preparatory work....this will really pay dividends to your performance on placement!
- b) 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!
- c) Link in with your Practice Education Co-Ordinator to discuss any learning needs or health issues which might impact your placement. 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.
- d) Help you to decide how best to share this information with your practice educator, if you choose to do so.

#### **DURING PLACEMENT**

- a) 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.
- b) 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, so you do not feel alone.
- c) 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 / practice tutor, or regional placement facilitator.
  - your practice education coordinator or your academic advisor.
  - 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 “YouTube videos” of students’ own experiences of using this service. There are two online self-help programmes, Silver Cloud and Participate which you can access. Skype or phone support can also be available if you experience particular difficulties while on placement.

<http://ie.reachout.com/college>

Reachout.com provides information on issues that can affect your mental health and well-being. The website has a link for **THIRD LEVEL**, which offers a range of online resources for third-level students, and also provides a link to the [University of Galway](#) Student Counselling Service.

#### **REFERENCES**

Association of Occupational Therapist 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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## Discipline of Occupational Therapy

### FACT SHEET 15: GUIDANCE ON MANAGING UNDERPERFORMING STUDENTS

There are many reasons that why a student may be underperforming, 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.

**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](mailto: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

#### Ensure that you are well supported

1. Ensure that you have a support and allow supports to step in if required to advise
2. Allow other colleagues have an input or opportunity to supervise student

**Johns' Model of Structured Reflection (Johns, 1995)**

This model is 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 in some way (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.



## Discipline of Occupational Therapy

### FACT SHEET 16: SUMMARY OF 4<sup>TH</sup> YEAR COMPETENCIES

#### Occupational Competencies:

- Demonstrates knowledge and use of activity analysis
- Demonstrates application of the PEO interactional relationship
- Gains and uses each person's occupational history in planning

#### Communication Competencies:

- Speaks/writes clearly and adapts the language for the listener
- Speaks respectfully
- Effective and appropriate non-verbals
- Demonstrates active listening
- Forms collaborative working relationships

#### Practice Process Competencies:

- Analytical and conceptual thinking
- Sound decision making and clinical reasoning evident
- OT models and FORs/ approaches
- Knowledge of clinical conditions
- Understands and enacts OT process
- Selects and administers appropriate assessments
- Client-centred

#### Quick Reference to Competencies

#### Professional Behaviour Competencies:

- Works safely
- Adheres to policies
- Presents self professionally
- Effective time management/ efficient and organised
- Uses evidence based practice

#### Professional Development Competencies:

- Effective learning contract
- Prepares for and engages in supervision
- Maintains portfolio
- Takes responsibility for own learning/ self-starter
- Identifies strengths and learning needs
- Acts on feedback



## Discipline of Occupational Therapy

### FACT SHEET 17: A STUDENT GUIDE WHEN COMPLETING ACADEMIC ASSIGNMENTS AND USE OF CLIENT RECORDS

#### 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 McCoubrey, 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 or geographical area of the of the clinical setting.

- c) Blank copies of documentation such as referral; initial assessment; standardised assessment (without breach of copyright); onward referral form or other forms used in the portfolio WITH PERMISSION.

**Reference List:**

Clyne, A., Hamilton V. and McCoubrey, C. (2008) *Therapy Project Office: Occupational Therapy Competencies*. Available at <https://www.iaslt.ie/media/e1ed1biz/practice-educator-competencies.pdf> (Accessed: 14<sup>th</sup> November 2025).

Government of Ireland (2003) *Data Protection Act 2003*. Dublin: The Stationery Office.

Health Services Executive (2010) *The Data Protection Breach Management Policy* Available at <https://www.hse.ie/eng/services/publications/pp/ict/data-protection-breach-management-policy.pdf>. (Accessed: 14<sup>th</sup> November 2025).

Government of Ireland (2014) *Freedom of Information Act 2014*. Dublin: The Stationery Office.





## Discipline of Occupational Therapy

### FACT SHEET 18: GUIDANCE ON REFLECTION IN PRACTICE

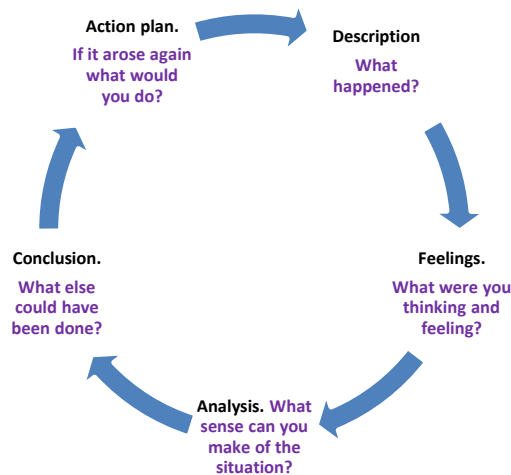
Reflection is a central component to learning as thinking back on an event or an activity, turns an experience into learning. Reflection is critical in the process of developing competence. This fact sheet offers some guidance to students and educators on how to ensure that reflective discussions are 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/online-resources/teaching-learning/reflection/reflection%20on%20practice.pdf>

#### Gibbs Model of Reflection (Gibbs, 1988)

##### Using Gibbs Model

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



##### Using Gibbs Model

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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## Discipline of Occupational Therapy

### FACT SHEET 19: 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:

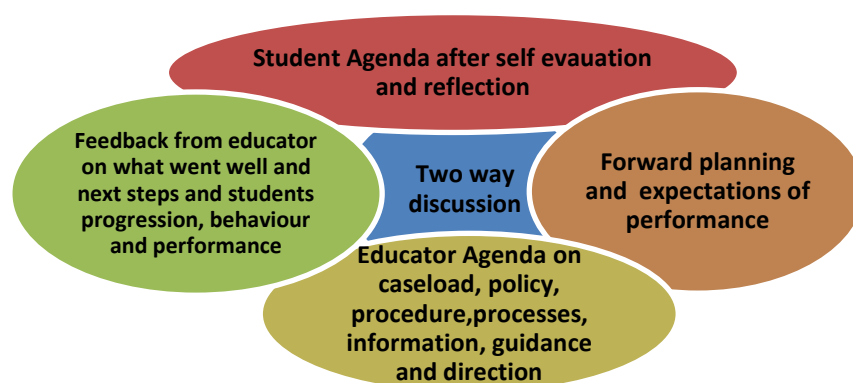
**Competency Review (Learning and Development):** Progress from last week (including student self-appraisal from reflection), what went well, what were the challenges, what is to be completed by the next week and to what standard.

**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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## Discipline of Occupational Therapy

### FACT SHEET 20: GUIDANCE WHEN CO-SUPERVISING A STUDENT WITH A COLLEAGUE

#### What is co-supervision?

Co-supervision is where two practice educators facilitate one student on a practice placement.

#### What to consider when considering a co-supervisor?

Firstly, make sure you are open to working together; ask 'can I work well with this person?' Consider can you:

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

#### 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.

### Co-Supervision Contract

Educator's Name: \_\_\_\_\_

Educator's Name: \_\_\_\_\_

Students Name: \_\_\_\_\_

Placement: \_\_\_\_\_

The purpose of the co-supervision contract is to outline the actions discussed and agreed by both educators when planning a student placement.

1. List the agreements and actions for co-supervision following discussions regarding the co-supervision checklist

AGREEMENT	ACTION

2. How will the information discussed between educators be shared with the students?



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## Discipline of Occupational Therapy

### FACT SHEET 21: 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/>

**FACT SHEET 22: PLACEMENT COMMUNICATION WITH PRACTICE EDUCATION COORDINATOR**

SECOND YEAR	THIRD YEAR	FOURTH YEAR
Pre placement Email contact	Pre placement Email contact	Pre placement Email contact
Pre placement briefing	Pre placement briefing	Pre placement briefing
Telephone contact on request/required	Telephone contact on request/required	Telephone contact on request/required
Halfway way email about competency assessment form	Halfway way email about competency assessment form	Halfway way email about competency assessment form
Placement visit/call at halfway	Halfway phone call or visit on request	Halfway phone call or visit on request
Telephone contact on request/required	Telephone contact on request/required	Telephone contact on request/required
Week 7 email about competency assessment form	Week 7 email about competency assessment form	Week 7 email about competency assessment form
End of placement feedback online survey	End of placement feedback online survey	End of placement feedback online survey





## Discipline of occupational therapy

### FACT SHEET 23: STUDENT SUPPORT WHILST ONPLACEMENTS



**FACT SHEET 24: PLACEMENT COMMUNICATION WITH STUDENTS**

FIRST YEAR	SECOND YEAR	THIRD YEAR	FOURTH YEAR
<b>Allocation of placement via BB</b>	Allocation of placement via BB	Allocation of placement via BB	Allocation of placement via BB
	Copied into allocation email to practice educator	Copied into allocation email to practice educator	Copied into allocation email to practice educator
	Telephone contact on request/required	Telephone contact on request/required	Telephone contact on request/required
	Weekly email to students on competency development	Weekly email to students on competency development	Weekly email to students on competency development
<b>Copied into allocation email to practice educator</b>	Placement phone call or visit at halfway	Placement phone call or visit at halfway	Placement phone call or visit at halfway
Telephone or visit contact on request	Telephone contact on request/required	Telephone contact on request/required	Telephone contact on request/required
	Debriefing monday after placement finishes	Debriefing monday after placement finishes	Debriefing monday after placement finishes
<b>End of placement feedback online survey and agreement quality review</b>	End of placement feedback online survey and agreement quality review	End of placement feedback online survey and agreement quality review	End of placement feedback online survey and agreement quality review

## FACT SHEET 25: 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:
8. Transfer assessment/ Bathing assessment	<a href="#">Manual Handling and People Handling Policy 2025</a> manual handling training	
9. Transferring patients-	<a href="https://www2.healthservice.hse.ie/files/176/">https://www2.healthservice.hse.ie/files/176/</a> manual handling training	
10. Taking equipment from shelves in storeroom-manual handling	<a href="https://www2.healthservice.hse.ie/files/176/">https://www2.healthservice.hse.ie/files/176/</a> Manual handling training	
11. Carrying large pieces of equipment- high back chair, bathlift	<a href="https://www2.healthservice.hse.ie/files/176/">https://www2.healthservice.hse.ie/files/176/</a> Manual handling training	
12. Exposure to bodily fluid contaminated equipment- wear gloves and apron, hand washing policy, hand gel	<a href="https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-policy-on-the-prevention-and-management-of-latex-allergy/">https://www2.healthservice.hse.ie/organisation/national-pppgs/hse-policy-on-the-prevention-and-management-of-latex-allergy/</a>  Infection control Policy and Training <a href="https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/hand-hygiene-in-irish-healthcare-settings/training/">https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/hand-hygiene-in-irish-healthcare-settings/training/</a> <a href="https://healthservice.hse.ie/staff/health-and-safety/personal-protective-equipment-ppe/">https://healthservice.hse.ie/staff/health-and-safety/personal-protective-equipment-ppe/</a>  Link to management of infection control for specific diagnosis: <a href="https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/infection-prevention-and-control/">https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/infection-prevention-and-control/</a>	

13. Exposure to Bullying/Harassment - option to contact college, HSE policy	Policy in place	
14. Student Latex allergy	<a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policyonpreventionandmanagementoflatexallergy.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policyonpreventionandmanagementoflatexallergy.pdf</a>	
15. Exposure to unclean client home environment	Hand Washing policy Infection control training -Hand gel, gloves, aprons available	
16. Adequate access to medical facilities- Student medically unwell.	Normal access to out of hours GP service and fees as applicable.	
17. Viruses- Flu, colds, MRSA	HSE flu clinics. Contact local occupational health department to clarify and questions or concerns. <a href="http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Acute_Hospital_Services/Infection_Control/IPCR006A_-_Seasonal_Influenza.pdf">http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Acute_Hospital_Services/Infection_Control/IPCR006A_-_Seasonal_Influenza.pdf</a> <a href="http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Acute_Hospital_Services/Infection_Control/IPCR005_-_Transmissions_Based_Precautions.pdf">http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Acute_Hospital_Services/Infection_Control/IPCR005_-_Transmissions_Based_Precautions.pdf</a>	
18. Student needlestick injury	Contact local occupational health department to clarify and questions or concerns. <a href="http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Acute_Hospital_Services/Infection_Control/IPCR009_-_Safe_Handling_and_Disposal_of_Sharps.pdf">http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Acute_Hospital_Services/Infection_Control/IPCR009_-_Safe_Handling_and_Disposal_of_Sharps.pdf</a>	
19. Travel to location- car/bus accident-	Always have mobile phone credit, charged and turned on.	
20. Student driving own car/ Student being in therapists car-	Ensure it is taxed, insured and NCT. This is required by HSE of all therapist for mileage claim, HSE indemnity	

	<a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safe%20driving%20for%20work%20policy%202018.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/safe%20driving%20for%20work%20policy%202018.pdf</a>	
21. Working with vulnerable adults-	Garda vetting in place, contact number for elderly protection social worker <a href="http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Care_of_the_Older_Persons/St_Joseph's_Longford/SJCC048_-_Obtaining_Resident_Consent_.pdf">http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Care_of_the_Older_Persons/St_Joseph's_Longford/SJCC048_-_Obtaining_Resident_Consent_.pdf</a>	
22. Weather- Snowy/icy /hot weather	Wear coats and shoes for water puddles at houses, standing doorsteps. Adverse Weather Policy	
23. Winter Placements- getting transport from placement site on dark morning/evenings	Lone worker policy	
24. Working hours- some students may start earlier or work later than therapist due to transport.	Lone Worker policy	
25. Temporary accommodation while on placement- any risks associated with this	Advised to give address and Landlords number to college and supervisor	
26. Language or cultural threats on home visits	Dignity at work policy Lone worker policy	
27. Smoking in the workplace (patients house) on community visits	HSE Smoking Policy	
28. Dog and Cat bites/risks in community setting	Occupational first aid Accident/near miss reporting	
29. Conflict in a home environment-	<a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policyonloneworking.pdf">Policy for Prevention and Management of Stress in the Workplace 2018</a> Dignity at work policy, lone worker policy. <a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policyonloneworking.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policyonloneworking.pdf</a>	

30. Community Work with known high risk groups- drug users, gang-land issues	Lone worker policy Dignity at work policy Student supervision <a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20on%20the%20prevention%20and%20management%20of%20work-related%20aggression%20and%20violence%202018.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20on%20the%20prevention%20and%20management%20of%20work-related%20aggression%20and%20violence%202018.pdf</a>	
31. Socially inappropriate clients	Lone worker policy Dignity at work policy Student supervision <a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20on%20the%20prevention%20and%20management%20of%20work-related%20aggression%20and%20violence%202018.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20on%20the%20prevention%20and%20management%20of%20work-related%20aggression%20and%20violence%202018.pdf</a>	
32. Sexually inappropriate/suggestive clients	<a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20on%20the%20prevention%20and%20management%20of%20work-related%20aggression%20and%20violence%202018.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20on%20the%20prevention%20and%20management%20of%20work-related%20aggression%20and%20violence%202018.pdf</a>	
33. Student Stress on placement	Supervision scheduled with supervisor <a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20for%20prevention%20and%20management%20of%20stress%20in%20the%20workplace%202018.pdf">Policy for Prevention and Management of Stress in the Workplace 2018</a> <a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20for%20prevention%20and%20management%20of%20stress%20in%20the%20workplace%202018.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/policy%20for%20prevention%20and%20management%20of%20stress%20in%20the%20workplace%202018.pdf</a> HSE workplace stress risk assessment form Employee assistance service	
34. Fire	Supervisor completes fire training Local safety statement in place with evacuation procedure. Given at induction	

35. Wearing of Jewellery/ties/inappropriate footwear	Dress code policy	
36. Unable to identify student	Name badge/student ID	
37. Injury in home from sharp/equipment/cooking aid	<a href="#">Policy for the Prevention of Sharps Injuries</a>	
38. Students with disabilities	<a href="#">Policy for employees with disabilities.</a> <a href="https://www.hsa.ie/eng/Publications_and_Forms/Publications/Safety_and_Health_Management/Employees_with_disabilities1.pdf">https://www.hsa.ie/eng/Publications_and_Forms/Publications/Safety_and_Health_Management/Employees_with_disabilities1.pdf</a> Code of practice <a href="https://www.hse.ie/eng/staff/resources/employment-legislation-guidelines/guidelines%20on%20employment%20of%20people%20with%20disabilities.pdf">https://www.hse.ie/eng/staff/resources/employment-legislation-guidelines/guidelines%20on%20employment%20of%20people%20with%20disabilities.pdf</a>	
39. Working with adults with intellectual Disability	Quality Improvement Programme to work with residential services for adults with <b>intellectual disabilities</b> . <a href="http://www.fedvol.ie">www.fedvol.ie</a> › HSE_Documents_and_Policies › Default.2126.html	
40. Consent for working with clients	<a href="https://www.hse.ie/eng/about/who/gid/other-quality-improvement-programmes/consent/national-consent-policy-hse-v1-3-june-2019.pdf">https://www.hse.ie/eng/about/who/gid/other-quality-improvement-programmes/consent/national-consent-policy-hse-v1-3-june-2019.pdf</a>	
41. Working with day services ID	<a href="https://www.hse.ie/eng/services/list/4/disability/newdirections/">https://www.hse.ie/eng/services/list/4/disability/newdirections/</a>	
42. Progressing Disability Services for Children and Young People	<a href="https://www.hse.ie/eng/services/list/4/disability/progressing-disability/">https://www.hse.ie/eng/services/list/4/disability/progressing-disability/</a>	
43. Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff	Trust in Care Policy <a href="https://www.hse.ie/eng/staff/resources/people-management--legal-framework/module%206%20trust%20in%20care%20policy.pdf">https://www.hse.ie/eng/staff/resources/people-management--legal-framework/module%206%20trust%20in%20care%20policy.pdf</a>	
44. Student breaking GDPR guidelines	HSE Policy in place, student advised to complete online training ( and read policy	

	<a href="https://www.hse.ie/eng/gdpr/">https://www.hse.ie/eng/gdpr/</a> Link to training: <a href="http://www.hseland.ie/dash/Account/Login">http://www.hseland.ie/dash/Account/Login</a>	
45. Student making an error with patient records	Documentation guidelines <a href="https://www.hse.ie/eng/about/who/qid/quality-and-patient-safety-documents/v3.pdf">https://www.hse.ie/eng/about/who/qid/quality-and-patient-safety-documents/v3.pdf</a>	
46. Student Inappropriate use of work computer or phone	HSE Policy in place <a href="http://hsenet.hse.ie/Intranet/OoCIO/Service_Management/PoliciesProcedures/Policies/Policies.html">http://hsenet.hse.ie/Intranet/OoCIO/Service_Management/PoliciesProcedures/Policies/Policies.html</a> Computer: <a href="http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_I_T_Acceptable_Use_Policy.pdf">http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_I_T_Acceptable_Use_Policy.pdf</a> Telephone: <a href="http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_Mobile_Phone_Device_Policy.pdf">http://hsenet.hse.ie/OoCIO/Service_Management/PoliciesProcedures/Policies/HSE_Mobile_Phone_Device_Policy.pdf</a>	
47. Student identifies a risk on their placement to staff or clients	Complete risk assessment forms <a href="http://hsenet.hse.ie/communityhealthcare/area8/Policies_Procedures_and_Guidelines_Louth_Meath_PPPGs_Midlands_Louth_Meath_MLM_MLMC_HO-18-1_Integrated_Risk_Management_Policy.pdf">http://hsenet.hse.ie/communityhealthcare/area8/Policies_Procedures_and_Guidelines_Louth_Meath_PPPGs_Midlands_Louth_Meath_MLM_MLMC_HO-18-1_Integrated_Risk_Management_Policy.pdf</a>	
48. Student involvement in child protection concern	<a href="https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/">https://www.hse.ie/eng/services/list/2/primarycare/childrenfirst/</a> Link to training: <a href="http://www.hseland.ie/dash/Account/Login">http://www.hseland.ie/dash/Account/Login</a>	
49. Student concerns while on placement of elder abuse	<a href="http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Care_of_the_Older_Persons/NEASC01_-_Responding_to_Allegations_of_Elder_Abuse_.pdf">http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Care_of_the_Older_Persons/NEASC01_-_Responding_to_Allegations_of_Elder_Abuse_.pdf</a>	
50. Challenging Behaviour from patient	<a href="http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Care_of_the_Older_Persons/St_Joseph's_Longford/SJCC046_-_Challenging_Behaviour_.pdf">http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/PPPG's_Midland_Area/Care_of_the_Older_Persons/St_Joseph's_Longford/SJCC046_-_Challenging_Behaviour_.pdf</a>	
51. Student muscular skeletal injury on placement	<a href="http://www.hsa.ie/eng/Publications_and_Forms/Publications/Manual_Handling_and_Musculoskeletal_Disorders/Guide_on_Prevention_and_Management_of_Musculoskeletal_Disorders_MSDs_.pdf">http://www.hsa.ie/eng/Publications_and_Forms/Publications/Manual_Handling_and_Musculoskeletal_Disorders/Guide_on_Prevention_and_Management_of_Musculoskeletal_Disorders_MSDs_.pdf</a>	



52. Student in unsafe office environment	<a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/checklist%20for%20office%20environments.docx">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/checklist%20for%20office%20environments.docx</a>	
53. Student headaches/eyestrain while on placement with computer use	<a href="https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/sample%20display%20screen%20equipment%20risk%20assessment.pdf">https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/sample%20display%20screen%20equipment%20risk%20assessment.pdf</a>	
54. Student- preventing theft of bag/phone/car and personal belongings	<a href="http://hsenet.hse.ie/Hospital_Staff_Hub/ulh/Personal_Safety_Advice_ULH_G_.docx">http://hsenet.hse.ie/Hospital_Staff_Hub/ulh/Personal_Safety_Advice_ULH_G_.docx</a>	
55. Student involvement in incident where open disclosure is required	<a href="https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opensdisclosure/hse-open-disclosure-full-policy-2019.pdf">https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opensdisclosure/hse-open-disclosure-full-policy-2019.pdf</a> <a href="https://www.hse.ie/eng/about/qavd/incident-management/hse-2018-incident-management-framework-guidance-stories.pdf">https://www.hse.ie/eng/about/qavd/incident-management/hse-2018-incident-management-framework-guidance-stories.pdf</a>	

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## Section 4: Competency Assessment Forms

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## Appendix One: Practice Education Assessment Form- Level 1



OLLSCOIL NA GAILLIMHE  
UNIVERSITY OF GALWAY

### Discipline of Occupational Therapy, University of Galway

#### Practice Education Competency Assessment Form – Level 1

This form is completed for 2<sup>nd</sup> and 3<sup>rd</sup> Year Students

*(Developed in collaboration with the School of Occupational Therapy, University of Dublin, Trinity College).* Please return completed report to [otpracticeeducation@universityofgalway.ie](mailto:otpracticeeducation@universityofgalway.ie)

You can insert your signature or type in your name as a signature on the form. **It is important that all forms are password protected to maintain GDPR. To protect a document go to File, protect document, and encrypt with password. The password must be month and year i.e. OCT22 or DEC22 (Capitals, no space) – please do not use another password**

NAME OF STUDENT		
NAME OF SERVICE		
TYPE OF EXPERIENCE		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	To
NAME OF PRACTICE EDUCATOR		

NUMBER OF DAYS ABSENT	
TOTAL HOURS COMPLETED	

#### OVERALL LEVEL OF ACHIEVEMENT

<b>COMPETENT</b> <input type="checkbox"/>	<b>NOT COMPETENT</b> <input type="checkbox"/> <i>(Student required to repeat placement)</i>
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**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

SIGNATURE OF PRACTICE EDUCATOR	
PRACTICE EDUCATOR NAME: BLOCK CAPITALS	
CORU NUMBER	
EMAIL OF EDUCATOR	
SIGNATURE OF STUDENT	

**Both signatures are required.**

**STUDENT HOURS LOG**

Week (From – To) (dd/mm/yyyy)	Hours Completed	Initials of Practice Educator
1. to		
2. to		
3. to		
4. to		
5. to		
6. to		
7. to		
8. to		

To be completed by Practice Educator:

Sick leave hours taken:		Sick leave hours made up:	
Sick leave certified:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sick leave cert forwarded to PEC*:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other leave/absence	Number of hours: Reasons		
Number of public holidays:		Total hours completed:	
Signature of Practice Educator:		Date:	

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

To be completed by Student:

Student Name and Number	Student Signature / Date

## FINAL FORMATIVE ASSESSMENT

<b>NAME OF STUDENT:</b>	
<b>NAME OF PRACTICE EDUCATOR:</b>	

**SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK**

*Please continue comments on separate page if required.*

**STUDENT'S COMMENTS AND FEEDBACK**

*Please continue comments on separate page if required.*

## HALF-WAY FORMATIVE ASSESSMENT

<b>NAME OF STUDENT:</b>	
<b>NAME OF PRACTICE EDUCATOR:</b>	

**SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK**

*Please continue comments on separate page if required.*

**STUDENT'S COMMENTS AND FEEDBACK**

*Please continue comments on separate page if required.*

<b>SIGNATURE OF STUDENT</b>	
<b>SIGNATURE OF PRACTICE EDUCATOR</b>	
<b>DATE (dd/mm/yyyy)</b>	

<b>NOT EVIDENT</b> – This competency was not demonstrated.	<b>EVIDENT</b> – This competency was consistently demonstrated.
<b>EMERGING</b> – This competency was not consistently demonstrated.	<b>ENHANCED</b> – This competency was consistently demonstrated. The performance was to a high standard.

Occupational Competencies	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrate through either verbal or written communication the person-occupation-environment relationship within the client's context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Apply the therapeutic use of occupation to influence health and well-being of the client or group positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Support engagement and participation in meaningful occupation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HALFWAY COMMENTS ON OCCUPATIONAL COMPETENCIES**

**FINAL COMMENTS ON OCCUPATIONAL COMPETENCIES**

	Half-Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
Communication Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
5. Demonstrate listening, verbal and non-verbal communication skills, both formally and informally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Give and receive feedback in an open and honest manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Present oral information in a clear, concise and well-structured manner both formally and informally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Communicate effectively and in a professional manner with individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Communicate effectively and in a professional manner in a group environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Use computer and/or communication technologies appropriately in the placement setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES

#### FINAL COMMENTS ON COMMUNICATION COMPETENCIES



	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
12. Select and apply appropriate conceptual and practice models to guide the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Demonstrate an integration of occupational therapy theory within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Demonstrate engagement in reflection and evaluation of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Facilitate a culturally sensitive approach to practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Facilitate a client centred approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Apply the principle of informed consent prior to and throughout the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Demonstrate the use of observation and interview skills to gather relevant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Select and administer appropriate standardised and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

non-standardised assessment tools.								
20. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Facilitate effective individual and/or group work interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Evaluate outcomes in collaboration with all parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Prioritise and manage a caseload either group or individual, under supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. **Facilitate the service user's management of their own health and wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

#### FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

	Half Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
Professional Behaviour Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced
25. Work safely in compliance with health and safety regulations as specified in the practice setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Adhere to the ethical, legal, professional and local practice contexts that inform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Adhere to confidentiality as described in the local context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Present self in a manner appropriate to the working environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Respond constructively to changing circumstances and demands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Demonstrate an awareness of personal and professional boundaries within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Demonstrate a positive approach to clients and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Demonstrate effective time management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Demonstrate best use of resources available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES

**FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES**

	Half Way				End of Placement			
	Not Competent		Competent		Not Competent		Competent	
<b>Professional Development Competencies</b>	<b>Not Evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Enhanced</b>	<b>Not Evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Enhanced</b>
34. Take responsibility for personal and professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Actively engage in supervision and request and utilise professional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Implement a learning contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Identify own personal and professional strengths and limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Maintain a record of personal and professional development (i.e. portfolio).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HALFWAY COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES**

**FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES**

## Appendix Two: Practice Education Assessment Form – Level 2



OLLSCOIL NA GAILLIMHE  
UNIVERSITY OF GALWAY

### Discipline of Occupational Therapy, University of Galway

#### Practice Education Competency Assessment Form – Level 2

This form is completed for 4<sup>th</sup> Year Students

*(Developed in collaboration with the School of Occupational Therapy, University of Dublin, Trinity College).* Please return completed report to [otpracticeeducation@universityofgalway.ie](mailto:otpracticeeducation@universityofgalway.ie)

You can insert your signature or type in your name as a signature on the form. **It is important that all forms are password protected to maintain GDPR. To protect a document go to File, protect document, and encrypt with password. The password must be month and year i.e. OCT22 or DEC22 (Capitals, no space) – please do not use another password.**

NAME OF STUDENT AND STUDENT NUMBER		
NAME OF SERVICE		
TYPE OF EXPERIENCE		
DATE OF EXPERIENCE (dd/mm/yyyy)	From	To
NAME OF PRACTICE EDUCATOR		

NUMBER OF DAYS ABSENT	
TOTAL HOURS COMPLETED	

#### OVERALL LEVEL OF ACHIEVEMENT

<b>COMPETENT</b> <input type="checkbox"/>	<b>NOT COMPETENT</b> <input type="checkbox"/> <i>(Student required to repeat placement)</i>
--	--

**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

SIGNATURE OF PRACTICE EDUCATOR	
PRACTICE EDUCATOR NAME: BLOCK CAPITALS	
CORU NUMBER	
EMAIL OF EDUCATOR	
SIGNATURE OF STUDENT	

**Both** signatures are required.

**STUDENT HOURS LOG**

Week (From – To) (dd/mm/yyyy)	Hours Completed	Initials of Practice Educator
1. to		
2. to		
3. to		
4. to		
5. to		
6. to		
7. to		
8. to		

**To be completed by Practice Educator:**

<b>Sick leave hours taken:</b>		<b>Sick leave hours made up:</b>	
<b>Sick leave certified:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Sick leave cert forwarded to PEC*:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Other leave/absence</b>	<b>Number of hours:</b> <b>Reason:</b>		
<b>Number of public holidays:</b>		<b>Total hours completed:</b>	
<b>Signature of Practice Educator:</b>		<b>Date:</b>	

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

**To be completed by Student:**

<b>Student Name and Number</b>	<b>Student Signature / Date</b>

## FINAL FORMATIVE ASSESSMENT

<b>NAME OF STUDENT:</b>	
<b>NAME OF PRACTICE EDUCATOR:</b>	

**SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK**

*Please continue comments on separate page if required.*

**STUDENT'S COMMENTS AND FEEDBACK**

*Please continue comments on separate page if required.*



## HALF-WAY FORMATIVE ASSESSMENT

<b>NAME OF STUDENT:</b>	
<b>NAME OF PRACTICE EDUCATOR:</b>	

**SUMMARY OF PRACTICE EDUCATOR'S COMMENTS AND FEEDBACK**

*Please continue comments on separate page if required.*

**STUDENT'S COMMENTS AND FEEDBACK**

*Please continue comments on separate page if required.*

<b>SIGNATURE OF STUDENT</b>	
<b>SIGNATURE OF PRACTICE EDUCATOR</b>	
<b>DATE (dd/mm/yyyy)</b>	

<b>NOT EVIDENT</b> – This competency was not demonstrated.				<b>EVIDENT</b> – This competency was consistently demonstrated.				
<b>EMERGING</b> – This competency was not consistently demonstrated.				<b>ENHANCED</b> – This competency was consistently demonstrated. The performance was to a high standard.				
	<b>Half-Way</b>				<b>End of Placement</b>			
	<b>Not Competent</b>		<b>Competent</b>		<b>Not Competent</b>		<b>Competent</b>	
<b>Occupational Competencies</b>	<b>Not Evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Enhanced</b>	<b>Not Evident</b>	<b>Emerging</b>	<b>Evident</b>	<b>Enhanced</b>
1. Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrate through either verbal or written communication the person-occupation-environment relationship within the client’s context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Analyse the use and adaptation of occupations for the client’s group and/or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Apply the therapeutic use of occupation to influence health and well-being of the client or group positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Support engagement and participation in meaningful occupation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrate an awareness of occupational justice and occupational deprivation for the client and/or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HALFWAY COMMENTS ON OCCUPATIONAL COMPETENCIES

### FINAL COMMENTS ON OCCUPATIONAL COMPETENCIES

	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Give and receive feedback in an open and honest manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Present oral information in a clear, concise and well-structured manner both formally and informally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Write accurate, clear, contemporaneous records in accordance with legal and professional requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Communicate effectively and in a professional manner with individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Communicate effectively and in a professional manner in a group environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Form collaborative working relationships within interdisciplinary teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Use computer and/or communication technologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

appropriately in the placement setting.								
15. Provides information with intervention options with professional opinion to the service users, and/or health professionals and/or relevant others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Apply the principles of therapeutic use of self for client interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Demonstrate the ability to provide appropriate instruction and supervision when delegating tasks to others where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### HALFWAY COMMENTS ON COMMUNICATION COMPETENCIES

#### FINAL COMMENTS ON COMMUNICATION COMPETENCIES

	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Demonstrate an integration of occupational therapy theory within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Demonstrate an integration of relevant supporting evidence based knowledge within occupational therapy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Demonstrate a logical and systematic approach to problem solving and decision-making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Demonstrate engagement in clinical reasoning to guide practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Demonstrate engagement in reflection and evaluation of practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Facilitate a culturally sensitive approach to practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Facilitate a client centred approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Facilitate the active participation of the client in the team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Apply the principle of informed consent prior to and throughout the occupational therapy process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Demonstrate the use of observation and interview skills to gather relevant information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. Select and administer appropriate standardised and non-standardised assessment tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Analyse the effect of the person, the environment and the occupation factors on activity and participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Plan, grade, implement and modify interventions that are outcome based and relevant to the person's goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Facilitate effective individual and/or group work interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Demonstrate a working knowledge of group dynamics within the context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Evaluate outcomes in collaboration with all parties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Make onward referrals to other agencies or professionals to optimise responses to client needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Plan and implement discharge and follow-up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Prioritise and manage a caseload either group or individual, under supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Demonstrate an ability to understand and manage risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Applies the concepts of advocacy in addressing the occupational needs of individuals, groups and communities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Select and use assistive technologies or therapeutic modalities appropriately and safely in client interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Facilitates the service users management of their own health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

### FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Demonstrate an understanding of policy and legislation on local practice context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Adhere to confidentiality as described in the local context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Present self in a manner appropriate to the working environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Respond constructively to changing circumstances and demands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Demonstrate an awareness of personal and professional boundaries within practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Demonstrate a positive approach to clients and team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Demonstrate effective time management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Demonstrate best use of resources available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Demonstrate an ability to source, analyse and critique literature and research findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES



**FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES**

	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Actively engage in supervision and request and utilise professional support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Implement a learning contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Identify own personal and professional strengths and limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Maintain a record of personal and professional development (i.e. portfolio)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**HALFWAY COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES**

**FINAL COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES**