

Department of Occupational Therapy

Guidance on Completing NUI Galway Occupational Therapy Practice Education Level One Competency Assessment Form

The current Practice Education Competency Assessment Forms were designed in collaboration between Trinity College Dublin, NUI Galway. These are based on the HSE Therapy Project Office Entry Level Competencies for Occupational Therapists 2008, and have been extended for the 2019/2020 academic year 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:

Dr Carol (ine) Hills, PhD, MSc, GCTE, BSc (Hons), Dip. COT Practice Education Co-ordinator Occupational Therapy School of Health Sciences Aras Moyola National University of Ireland Galway (NUIG) University Road Galway

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

Practice Education Competency Assessment Form

This form can be downloaded from the NUIG Occupational Therapy Practice Education Website 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 (4th year) Practice Education Competency Assessment Form. The Level 1 (2nd and 3rd year) Practice Education Competency Assessment Forms need to be completed using the same guidance. The first year form has only one section, namely "professional behaviour".

NAME OF STUDENT	TYPE OR HANDWRITE F	ULL 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 Start Date	To End Date
NAME OF PRACTICE EDUCATOR	List Name(s) of Practice Educator(s)	

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 PROGRAM. 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

COMPETENT	NOT COMPETENT
THIS IS A PASS GRADE. TO BE AWARDED	THIS IS A FAIL GRADE. TO BE AWARDED
THIS GRADE ALL BOXES IN THE FORM MUST BE	THIS GRADE ONE OR MORE BOXES IN THIS
MARKED AS EITHER EVIDENT OR ENHANCED	FORM WILL HAVE BEEN MARKED AS NOT
	EVIDENT OR EMERGING
	(Student required to repeat placement)

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

SIGNATURE OF PRACTICE EDUCATOR	THE EDUCATOR OR EDUCATORS (IF MORE
	THAN ONE) MUST SIGN THIS FORM. CPD

	CERTIFICATES ARE ONLY PROVIDED TO THOSE EDUCATORS THAT SIGN THE FORMS
EMAIL ADDRESS OF PRACTICE EDUCATOR	EMAIL ADDRESSES MUST BE INCLUDED FOR ALL SIGNATORIES
SIGNATURE OF STUDENT	STUDENT MUST SIGN THIS PRIOR TO LEAVING THE PLACEMENT

Both signatures are required.

Student Hours Log

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

To be completed by Practice Educator:

hours taken:	Enter Hours of Sick Leave Taken	up:	Leave Made-up. THIS SHOULD BE ON PLACEMENT WORK ONLY, NOT STUDY OR UNIVERSITY WORK
Other Sick leave taken	Enter Hours of Sick Leave Taken	Sick leave cert forwarded to PEC*:	Yes No

Other hours absent	Number of hours:	Reason:		SEE ABSENCE POLICY BELOW
Number of public holidays:	List Number of Public Holidays	Total hours completed		List Total Hours Completed
Signature of Practice Educator:	PRACTICE EDUCATOR T	O SIGN TO	Date:	

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

To be completed by Student: STUDENT SIGNS TO CONFIRM THIS IS TRUE RECORD OF HOURS WORKED

Student Name and Number	Student Signature / Date

Hours

Students must work a minimum of a 35-hour week to attain the 1,000 hours to graduate. Students must have a minimum of a half hour lunch break. All hours worked, excluding lunch times are to be recorded on the Practice Education Competency Assessment Form. Study time is included in the worked hours. Students will complete a record of their use of study time. Sickness or any other absences are not to be included as worked hours. Bank holidays or statutory days are also not counted as hours. A minimum of 250 hours is necessary to pass the placement.

Study Time

Students are permitted three hours study time per week. This time is at the discretion of the practice educator and does not have to be on a Friday afternoon. Students will need to complete a record of how they have used this time to meet AOTI requirements. This time must not be used for clinical duties (e.g. write progress notes), but for study related to placements. This may include general research, or working on their portfolios or case study. The practice educator can identify goals for this study time in supervision sessions.

<u>Sickness or Absence</u>

- **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. Student 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.

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, 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.

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 this request.
- **9. Consequences of absence:** Where a student is unable to complete a placement due to the number of absences, hours will not be recorded, and a repeat placement will be provided after a medical certificate has been received advising fitness for another placement. Repeat placements occur in the summer months. Students cannot progress to the following year without having passed all components of the academic program and that includes placement.

The Practice Education Competency Assessment Process

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

Year 1: Practice Education Observation Assessment Form

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.

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

Observation Placement

The Practice Education Observation Assessment Form is to be completed at the end of the placement by the practice educator/s. As this placement is only for one week, it is recommended that any concerns regarding professional behaviour be discussed immediately after an event but no later than the half way so the student has time to remediate the issues identified.

The first year form assesses one area of competency:

1) Professional Behaviour Competencies.

To pass placement all competencies must marked evident or enhanced

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 half way 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
NOT EVIDENT – This competency was not	EVIDENT – This competency was consistently
demonstrated.	demonstrated.

EMERGING – This competency was no	ot
consistently demonstrated.	

ENHANCED – This competency was consistently demonstrated. The performance was to a high standard.

<u>Halfway</u>

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.

<u>Final</u>

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.

The CORU standards of Proficency

The CORU standards of proficiency can be found here https://coru.ie/files-education/otrb-standards-of-proficiency-for-occupational-therapists.pdf. To assist you in completing your competency assessment form, the CORU standards of proficiency have been mapped to the competency assessment form

Colour coding is as follows:

CORU Standards of Proficiency: 1 Professional Autonomy and Accountability

CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working

CORU Standards of Proficiency: 3. Safety and Quality

CORU Standards of Proficiency: 4. Professional Development

CORU Standards of Proficiency: 5. Professional Knowledge and Skills

Please note that competencies with ** denote new competency in 2019 to ensure a match with the CORU standards of proficiency

	Half-V	Vay			End of Placement				
	Not Comp	etent	Comp	etent	Not Comp	etent	Comp	etent	
Occupational Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced	
Demonstrate through either verbal or written communication an understanding of the meaning of occupation for the client and the client group or community. CORU Standards of Proficiency: Professional Knowledge and Skills									
5.1 Know, understand and apply the key concepts of the domains of knowledge which are relevant to the practice of the profession.									
5.12 Be able to discuss the origins and development of occupational therapy, including the evolution of the profession towards the emphasis on occupation based practice and on autonomy and empowerment of individuals, groups and communities.									
2. Demonstrate through either verbal or written communication the personoccupation-environment relationship within the client's context. CORU Standards of Proficiency: 5. Professional Knowledge and Skills 5.2 Demonstrate a critical understanding of relevant biological sciences including anatomy, human development, social and behavioural sciences, occupational science and other related sciences, together with a knowledge of health and wellbeing, function, disease, disorder, and dysfunction and be able to apply this									

to the practice of occupational therapy with consideration to the person – environment –occupation relationship.				
5.6 Demonstrate an understanding of the Person Factors in occupational performance areas and engagement including motor, sensory, cognitive, perceptual, psychosocial and spiritual and be able to apply these to practice				
5.7 Demonstrate an understanding of the Environment Factors in occupational performance and engagement including social, physical, cultural and institutional and be able to apply these to practice				
5.8 Demonstrate an understanding of the Occupation Factors in occupational performance and engagement related to the classification of occupation and to the components of occupation and be able to apply these to practice.				
Apply the therapeutic use of occupation to influence health and well-being of the client or group positively. CORU Standards of Proficiency: Frofessional Knowledge and Skills				
5.11 Be able to identify, select and implement specific and appropriate occupations and activities in practice 5.14 Understand the role and purpose of building and maintaining therapeutic relationships as a tool in the delivery of occupational therapy across the lifespan in a variety of contexts and understand the need to establish a client centred therapeutic relationship as the basis for change and enabling participation and engagement in occupation				

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

CORU Standards of Proficiency:							
Professional Autonomy and							
<u>Accountability</u>							
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							
HALFWAY COMMENTS ON OCCUPATIONA	L COMPETENC	CIES					
FINAL COMMENTS ON OCCUPATIONAL CO	OMPETENCIES						
FINAL COMMENTS ON OCCUPATIONAL CO	Half-Way			End of	f Place	ement	
FINAL COMMENTS ON OCCUPATIONAL CO		Compete		End of Not Compet		ement Compe	etent
	Half-Way Not Competent	Compete	nt	Not Compe	tent	Compe	
Communication	Half-Way Not Competent	Compete	nt	Not Compe	tent	Compe	
	Half-Way	Compete		Not	tent		Enhanced

CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working 2.2 Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs, and health and/or social care needs. 2.5 Be able to recognise when the services of a professional translator are required.				
 6. Give and receive feedback in an open and honest manner. CORU Standards of Proficiency: 4. Professional Development 4.5 Understand the importance of and be able to seek professional development, supervision, feedback and peer review opportunities in order to continuously improve practice. 				
 Present oral information in a clear, concise and well-structured manner both formally and informally. CORU Standards of Proficiency: Communication, Collaborative Practice and Team working Be able to communicate diagnosis/assessment and/or treatment/management options in a way that can be understood by the service user 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 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. 				

 Write accurate, clear, contemporaneous records in accordance with legal and professional requirements. CORU Standards of Proficiency: Communication, Collaborative Practice and Team working Be able to produce clear, concise, accurate and objective documentation. Be aware of and comply with local/national documentation standards including, for example, terminology, signature requirements. 				
 Communicate effectively and in a professional manner with individuals. CORU Standards of Proficiency: Professional Autonomy and Accountability 1.15 Be able to gain informed consent to carry out assessments or provide treatment/interventions and document evidence that consent has been obtained. Communication, Collaborative Practice 				
and Team working 2.1 Be able to communicate diagnosis/ assessment and/or treatment / management options in a way that can be understood by the service user. 2.2 Be able to modify and adapt communication methods and styles, including verbal and non-verbal methods to suit the individual service users considering issues of language, culture, beliefs and				
health and/or social care needs 2.9 Be able to express professional, informed and considered opinions to service users, health professionals and others e.g. carers, relatives in varied practice settings and contexts and within the boundaries of confidentiality				

10. Communicate effectively and in a professional manner in a group environment. CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working						
2.9 Be able to express professional, informed and considered opinions to service users, health professionals and others e.g. carers, relatives in varied practice settings and contexts and within the boundaries of confidentiality.						
2.13 Understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team.						
2.14 Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision-making within a team setting.						
2.15 Understand the role of relationships with professional colleagues and other workers in service delivery and the need to create professional relationships based on mutual respect and trust.						
11. Use computer and/or communication technologies appropriately in the placement setting.						
CORU Standards of Proficiency: 2. Communication, Collaborative Practice						
and Team working2.7 Be able to apply digital literacy skills and communication technologies appropriate to the profession						
HALFWAY COMMENTS ON COMMUNICATION	AL CORA	DETE	NCIES			
TIALI WAT COMMITTEETS ON COMMITTEETON	4 COIVI	rLICI	ACIES			
FINAL COMMENTS ON COMMUNICATION CO	MPETI	NCIE	S			

	Half-Way				End of Placement			
	Not Comp	etent	Comp	etent	Not Comp	etent	Comp	etent
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. CORU standards of Proficiency: 5. Professional Knowledge and Skills 5.15 Be able to select and use an appropriate occupational therapy conceptual model to guide practice and be able to select and use appropriate practice models and approaches to address the person-environment-occupation relationship.								
 Demonstrate an integration of occupational therapy theory within practice. CORU Standards of Proficiency: Professional Knowledge and Skills Demonstrate an understanding of the theoretical concepts underpinning occupational therapy including the occupational nature of individuals, families, groups and communities. Demonstrate skills in evidence-informed practice, including translation of theory, concepts and methods to clinical/professional practice. 								
14. Demonstrate engagement in reflection and evaluation of practice. CORU Standards of Proficiency: 1.ProfessionalAutonomy and Accountability 1.17 Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made. CORU Standards of Proficiency: 3. Safety and Quality 3.5 Be able to demonstrate sound logical reasoning and problem solving skills to determine appropriate problem lists, action plans and goals.								

 15. Facilitate a culturally sensitive approach to practice. CORU Standards of Proficiency: 1.ProfessionalAutonomy and Accountability 1.8 Recognise the importance of practising in a non-discriminatory, culturally sensitive way and acknowledge and respect the differences in beliefs and cultural practices of individuals or groups. 				
16. Facilitate a client centred approach. CORU Standards of Proficiency: 5. Professional Knowledge and Skills				
5.14 Understand the role and purpose of building and maintaining therapeutic relationships as a tool in the delivery of occupational therapy across the lifespan in a variety of contexts and understand the need to establish a client centred therapeutic relationship as the basis for change and enabling participation and engagement in occupation.				
CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working 2.3 Recognise service users as active participants in				
their health and social care and be able to support service users in communicating their health and/or social care needs, choices and concerns.				
 17. Apply the principle of informed consent prior to and throughout the occupational therapy process. CORU Standards of Proficiency: 1.Professional Autonomy & Accountability 1.15 Be able to gain informed consent to carry out assessments or provide treatment/interventions and document evidence that consent has been obtained. 1.16 Be aware of current legislation and guidelines related to informed consent for individuals with lack of capacity. 				
18. Demonstrate the use of observation and interview skills to gather relevant information. CORU Standards of Proficiency: 3. Safety and Quality				

3.1 Be able to gather all appropriate background information relevant to the service user's health and social care needs.				
 19. Select and administer appropriate standardised and non-standardised assessment tools. CORU Standards of Proficiency: 3. Safety and Quality 				
3.2 Be able to justify the selection of and implement appropriate assessment techniques and be able to undertake and record a thorough, sensitive and detailed assessment.				
3.3 Be able to determine the appropriate tests/assessments required and undertake/arrange these tests.				
 20. Collaboratively identify goals for intervention with the client (or people acting on his/her behalf). CORU Standards of Proficiency: Professional Autonomy & Accountability 1.3 Be able to act in the best interest of service users at all times with due regard to their will and preference CORU Standards of Proficiency: Communication, Collaborative Practice and Team working 2.12 Understand the need to work in partnership 				
with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users.				
CORU standards of Proficiency: 5. Professional Knowledge and Skills				
5.16 Be able to apply assessment, goal setting and intervention strategies collaboratively with service users across the lifespan who are experiencing recently acquired and/or long standing health issues which affect their performance and engagement in their everyday occupations in a variety of acute, rehabilitation and community settings.				
Facilitate effective individual and/or group work interventions.				

CORU standards of Proficiency:				
5. Professional Knowledge and Skills				
5.13 Be able to analyse and grade activity and occupation and be able to adapt environments to enhance occupational participation and engagement to positively influence the health, well-being and function of individuals, families, groups and communities in their occupations, everyday activities, roles and lives				
22. Evaluate outcomes in collaboration with all				
parties.				
CORU Standards of Proficiency: 2. Collaborative Practice and Team working				
2.12 Understand the need to work in partnership with service users, their relatives/carers and other professionals in planning and evaluating goals, treatments and interventions and be aware of the concepts of power and authority in relationships with service users				
CORU Standards of Proficiency 3. Safety and Quality 3.8 Be able to evaluate intervention plans using appropriate tools and recognised performance/outcome measures along with service user responses to the interventions. Revise the plans as necessary and where appropriate, in conjunction with the service user				
23. Prioritise and manage a caseload either group or individual, under supervision. CORU Standards of Proficiency: 1. Professional Autonomy 7 Accountability				
18. Be able to take responsibility for managing one's own workload as appropriate.				
 24. **Facilitate the service users management of their own health and wellbeing. CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team 				
working 2.4 Understand the need to empower service users to manage their well-being where possible and recognise the need to provide advice to the service user on self-management of their own health and wellbeing, where appropriate.				

HALFWAY COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES

FINAL COMMENTS ON OCCUPATIONAL THERAPY PROCESS COMPETENCIES Half Way **End of Placement** Not Not Competent Competent Competent Competent **Professional Behaviour Not Evident** Not Evident Emerging Enhanced Emerging Evident **Competencies** 25. Work safely in compliance with health and safety regulations as specified in the practice setting. **CORU Standards of Proficiency:** 1. Professional Autonomy & **Accountability** 1.6. Be able to exercise a professional duty of care. **CORU Standards of Proficiency:** 3. Safety and Quality 3.7 Be able to prioritise and maintain the safety of both service users and those involved in their care. 3.12 Be able to carry out and document a risk analysis and implement effective risk management controls and strategies; be able to clearly communicate any identified risk, adverse events or near misses in line with current legislation/guidelines. 3.13 Be able to comply with relevant and current health and safety legislation and guidelines. 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

26. Adhere to the ethical, legal, professional and local practice contexts that inform occupational therapy practice. CORU Standards of Proficiency: Professional Autonomy and Accountability				
1.1 Be able to practice safely and effectively within the legal, ethical and practice boundaries of the profession				
1.7 Understand what is required of them by the Registration Board and be familiar with the provisions of the current Code of Professional Conduct and Ethics for the profession issued by the Registration Board.				
1.9 Understand the role of policies and systems to protect the health, safety, welfare, equality and dignity of service users, staff and volunteers. CORU Standards of Proficiency:				
5. Professional Knowledge and Skills				
5.25 Demonstrate safe and effective implementation of practical, technical and clinical skills.				
27. Adhere to confidentiality as described in the local context.				
CORU Standards of Proficiency: 1. Professional Autonomy & Accountability				
1.10 Understand and respect the confidentiality of service users and use information only for the purpose for which it was given.				
1.11 Understand confidentiality in the context of the team setting.				
1.12Understand and be able to apply the limits of the concept of confidentiality particularly in relation to child protection, vulnerable adults and elder abuse.				
1.14 Be able to recognise and manage the potential conflict that can arise between confidentiality and whistle-blowing				

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

1.2 Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional.								
31. Demonstrate a positive approach to clients and team members. CORU Standards of Proficiency: 2. Communication, Collaborative Practice and Team working 2.14 Understand the role and impact of effective interdisciplinary team working in meeting service user needs and be able to effectively contribute to decision making within a team setting.								
32. Demonstrate effective time management. CORU Standards of Proficiency: 1. Professional Autonomy & Accountability 1.18 Be able to take responsibility for managing one's own workload as appropriate.								
33. Demonstrate best use of resources available. CORU Standards of Proficiency: 1. Professional Autonomy & Accountability 1.19 Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources.								
HALFWAY COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES								
FINAL COMMENTS ON PROFESSIONAL BEHAVIOUR COMPETENCIES								

	Half Way				End of Placement				
	Not Competent Competer		Not Competent		tent	Competent			
Professional Development Competencies	Not Evident	Emerging	Evident	Enhanced	Not Evident	Emerging	Evident	Enhanced	
34. Take responsibility for personal and professional development. CORU Standards of Proficiency: 4.Professional Development 4.1 Be able to engage in and take									
responsibility for their own professional development.									
35. Actively engage in supervision and request and utilise professional support. CORU Standards of Proficiency: 1. Professional Autonomy & Accountability									
1.2 Be able to identify the limits of their practice and know when to seek advice and additional expertise or refer to another professional.									
1.17 Recognise personal responsibility and professional accountability for one's actions and be able to justify professional decisions made.									
.19 Understand the principles of professional decision-making and be able to make informed decisions within the context of competing demands including those relating to ethical conflicts and available resources.									
CORU Standards of Proficiency: 4. Professional Development									
4.5 Understand the importance of and be able to seek professional development, supervision, feedback and peer review opportunities in order to continuously improve practice.									

4.6 Understand the importance of participation in performance management activities for effective service delivery.								
36. Implement a learning contract. CORU Standards of Proficiency: 4. Professional Development 4.3 Be able to evaluate and reflect critically on own professional practice to								
identify learning and development needs; be able to select appropriate learning activities to achieve professional development goals and be able to integrate new knowledge and skills into professional practice.								
37. Identify own personal and professional strengths and limitations. CORU Standards of Proficiency: 4. Professional Development		П		П				
4.4 Understand and recognise the impact of personal values and life experience on professional practice and be able to manage this impact appropriately.]]			
38. Maintain a record of personal and professional development (i.e. portfolio). CORU Standards of Proficiency: 4. Professional Development								
4.2 Understand the need to demonstrate evidence of ongoing continuing professional development and education, be aware of professional regulation requirements and understand the benefits of continuing professional development to professional practice.								
HALFWAY COMMENTS ON PROFESSIONAL DEVELOPMENT COMPETENCIES								
FINAL COMMENTS ON PROFESSIONAL DEV	ELOPM	ENT CC	OMPET	ENCIES				