One-year honours course in Physiotherapy with recognition of specific diploma from Nanyang Polytechnic for admission

Academic Year 2016-2017

UBMD-PTHY-1F

Discipline of Physiotherapy, School of Medicine
Trinity College Dublin (Singapore)
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Delivered in partnership with Singapore Institute of Technology

The information contained in this document is correct at the time of publication, but may be subject to review from time to time. Students are reminded that they should refer to the University Calendar for further details of General Regulations, and that the General Regulations have primacy over departmental handbooks.

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September 2016
Dear Students,

On behalf of the staff in the School of Medicine I would like to welcome you to the one year programme in Physiotherapy.

We hope that the next year will be stimulating and rewarding for you. We recognise that the programme and the commitment it requires may be challenging at times. If, at any time, you need particular help, please do not hesitate to contact me or any of the Staff involved in the delivery of this course.

We wish you the very best over the next year and your professional lives ahead.

John Gormley,
Associate Professor
TCD (Singapore) Academic Director
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John Gormley

Dr John Gormley is Associate Professor in the Discipline of Physiotherapy. His main teaching responsibilities are in the areas of Cardiovascular Disease, Exercise therapy and Research Methods, as well as the undergraduate Physiotherapy degrees he also teaches on the BSc in Human Health and Disease, and on the Undergraduate Medical programme. At postgraduate level teaching responsibilities include the MSc programmes in Cardiac Rehabilitation, Respiratory Physiotherapy, Translational Oncology and the MSc in Medicine. He jointly set up MSc in Cardiac Rehabilitation in 2002 and assumed the role of Coordinator in 2003. He also set up a full time MSc in Cardiac Rehabilitation and Prevention in 2008. He has successfully supervised 9 postgraduate Research students and 30 taught postgraduate MSC students. He currently supervises 2 PhD students.

The over-arching Theme of his research is the scientific reasoning underpinning therapeutics in physical medicine. This has focused on quantifying both biomechanical and physiological responses to specific modalities used in physical medicine. In recent years this has concentrated on the biomechanical and physiological responses to exercise. While there is strong evidence at an epidemiological level for exercise benefits in preventing and treating disease the level of evidence supporting guidelines is variable. The physiological response to specific volumes of exercise has been an area that has been and is currently being examined. At the other end of the spectrum, he is engaged in studies examining the effect of inactivity especially the relationship between activity and cardiovascular risk factors in children and adults with Cerebral Palsy. The biomechanical response to exercise is another area of interest. Research completed has examined how overweight and obesity effect gait in both adults and children. Other research in this area has examined various protocols in rowing and their potential implication in injury. He has authored numerous scientific papers and book chapters and has been co-editor of two books.

Email: JGORMLEY@tcd.ie

Alan Wong

Dr Alan Wong is currently an Associate Professor at the Singapore Institute of Technology, which is the newest autonomous public university in Singapore, and have been appointed as Cluster Director, Health and Social Sciences Cluster in the university. He has over 20 years of experience in clinical practice, research, administration and teaching, mostly at Singapore General Hospital, where he has also started and developed the cardiopulmonary specialty, primarily critical care and pulmonary rehabilitation. His current research interests are in health systems, rehabilitation services development and health professions education. His Bachelor and Doctoral degrees are from the University of Queensland and his Masters in Public Health (Clinical Epidemiology specialization) from the National University of Singapore.

Email: WaiPong.Wong@SingaporeTech.edu.sg
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Emma Stokes  BSc (Physio), MSc, MSc Mgmt, Phd

Dr Emma Stokes qualified as a physiotherapist in 1990 [BSc Physiotherapy, Trinity College Dublin] and as a professional coach (executive and leadership) in 2015. While working as a clinical physiotherapist at St. James's Hospital, Dublin (1990-1996), she completed a post-graduate Diploma in Statistics in 1993 and MSc (Research) in 1995 both at Trinity College Dublin. She took up an academic position at Trinity College in 1996, completed a PhD in 2005 and a Master’s degree (MSc Mgmt, Business Administration) in the School of Business in 2008.

She is an associate professor and deputy Head of Discipline. She was elected as a Fellow of the College in 2012. In 2015, she was elected President of the World Confederation for Physical Therapy. She teaches professional issues and this is also her area of research.

Email: estokes@tcd.ie

Facebook: https://www.facebook.com/ekstokesphysio

Twitter: @ekstokes

Fiona Wilson

Dr Fiona Wilson is an Assistant Professor in the Discipline of Physiotherapy, Trinity College Dublin. She graduated 25 years ago from the University of Manchester with a BSc Physiotherapy and worked in London and South Africa before moving to Dublin to read for an MSc in Sports Medicine at Trinity College. She completed postgraduate training in manual therapy (MACP programme) shortly after this. She worked in private practice and as the Chief Physiotherapist to the Irish Rowing Team for a number of years before moving to take up a research and teaching post in TCD. Her area of expertise is in Sports and Musculoskeletal Medicine and over the past few years she has both worked with and researched elite sporting populations. She completed a PhD which examined the mechanisms of low back pain in rowers. Her recent research has focussed on chronic injury in sport and the role of exercise in chronic diseases, particularly arthritis. She has completed a Cochrane review examining the efficacy of exercise in the management of achilles tendinopathy as part of the Health Research Board of Ireland Fellowship Programme.

Email: WILSONF@tcd.ie
Julie Broderick

Dr. Julie Broderick is a Post-doctoral Research Fellow at the Department of Physiotherapy in Trinity College Dublin, Ireland. She was the recipient of a Health Research Board Clinical Fellowship in 2008. She also holds an honours degree (BSc.) in Physiotherapy, a Masters in Exercise Physiology (MSc.) and a Post-graduate Diploma in Statistics (H. Dip.) from Trinity College Dublin.

She worked clinically for a number of years as a physiotherapist, and has held positions in clinical education and academia. She has a special interest in the application of research findings to individualise exercise prescription and optimise physiotherapy management during cancer treatment and into survivorship. Her main research has focused on the effect of physical activity across diverse cancer populations from the point of diagnosis into survivorship. Other work has examined early post-operative outcomes in breast cancer patients with the implementation of a standardized physiotherapy pathway.

She is also interested in the role of physical activity in other disease populations especially in the cardio-respiratory area and in mental illness. She has lectured and presented her research widely and a number of publications have emanated from her work.

Email: BRODERIU@tcd.ie

Emer Barrett

Dr. Emer Barrett gained extensive experience as a clinical Physiotherapist specialising in the rehabilitation of patients with both neurological and musculoskeletal conditions whilst working in health services in Ireland, the UK and Australia. During this time she completed several research projects in the area of multidisciplinary rehabilitation.

In 2007 she commenced a full- time teaching post in Trinity College Dublin where she works both with the Discipline of Physiotherapy and the School of Medicine. Her lecturing responsibilities include co-ordinating the Management of Chronic Diseases Module for the BSc Physiotherapy course and delivery of the Neurology lectures on this module. She also lectures on health promotion with specific interest in the use of physical activity to promote and maintain health.

In 2009 she introduced an interprofessional course across the Faculty of Health Sciences facilitating over 500 students from seven different health disciplines to work together in small interdisciplinary groups, modelling those seen in modern health care. She is currently coordinator of this course. As well as teaching clinical skills to both Physiotherapy and Medical students she also coordinates the Erasmus exchange and international placement programmes for Physiotherapy undergraduates.

Emer Barrett received her BSc Honours Degree in Physiotherapy from Kings College London. Her PhD research is investigating the role of physical activity in the management of chronic disease in primary care. Other research interests include medical education and more specifically the area of interprofessional learning.

Email: BARRETE@tcd.ie
Emer Guinan

I currently work as a Post-Doctoral Research Fellow working with the Discipline of Physiotherapy and Department of Surgery Trinity College Dublin. My area of interest is in the role of physical activity in improving survivorship outcomes for patients with cancer. I recently completed my PhD which examined the relationships between physical activity and molecular biomarkers of breast cancer risk in high risk cohorts. My current work focuses on current research focuses on the impact of complex cancer treatment regimens on functional performance and quality of life, specifically in cancer of the upper gastro-intestinal tract and in patients with advanced cancer. I have worked as a physiotherapist in St James’s Hospital and the Beacon Hospital Dublin in a variety of clinical roles and I have lectured on the undergraduate physiotherapy course for a number of years in the areas of oncology, cardio-respiratory health and research methods.

Email: EMGUINAN@tcd.ie

Cuisle Forde

Dr Cuisle Forde graduated with first class honours in Physiotherapy from Trinity College Dublin in 2008. Having been awarded a Trinity scholarship during her undergraduate career, and an Irish Research Council scholarship to carry out a PhD, she began work on her thesis entitled “Active video games and children- potential uses in health care” the following autumn, which she completed in 2012. During her doctoral studies, Cuisle completed a Diploma in statistics with distinction and was also involved in research projects investigating arterial stiffness and physical activity in adults with hypertension. After spending some time working clinically and lecturing in critical thinking in Kosovo, Cuisle returned to Dublin last September to begin a postdoctoral research fellowship in the Discipline of Physiotherapy, Trinity College Dublin. With an interest in technology and innovative teaching methods, Cuisle is currently developing an online postgraduate course in exercise and health.

Email: ODONOVC@tcd.ie
The Mission and Vision of Trinity College Dublin

The Mission Statement of Trinity College Dublin states that: ‘We provide a liberal environment where independence of thought is highly valued and where all are encouraged to achieve their potential’.

We commit to:

A. Encompassing an even more diverse student community, providing a distinctive education based on academic excellence and a transformative student experience.

B. Undertake research at the frontiers of disciplines, spurring on the development of new interdisciplinary fields and making a catalysing impact on local innovation and on addressing global challenges.

C. Fearlessly engage in actions that advance the cause of a pluralistic, just and sustainable society.

The overview of the strategic objectives of the most recent Strategic Plan 2014-19 place the continued value on, and promotion of, multidisciplinary excellence; diversity and inclusion; dialogue; civic action & global citizenship; responsible governance; and academic freedom.

Our vision is that as a university of consequence, we will be known for realizing student potential and for research and scholarship around the world.

Trinity’s expectations of awardees of an honours degree

Trinity expect students who are awarded an honours degree should be able to demonstrate a number of attributes and they are listed below as they apply to physiotherapy.

- **Comprehension**: a comprehension of theory, concepts, methods and processes pertaining to physiotherapy.

- **Specialist knowledge**: a detailed knowledge of one or more specialized areas of practice, some of it at the boundaries of emerging practice.

- **Application**: that they can apply this knowledge and comprehension in a manner that indicates a thorough and informed approach to their practice of physiotherapy, and have competencies typically demonstrated through devising arguments, and formulating and solving problems within the practice and profession of physiotherapy.
• **Complexity:** that they have a **mastery of a number of specialized skills and tools** which they can use to selectively to address complex problems or to **conduct closely guided research.**

• **Knowledge generation & translation:** that they have the ability to **devise data gathering experiments**, and to **gather and interpret relevant data** to inform **independent judgements in their practice**, and which include a reflection on the relevant social, ethical or scientific issues.

• **Interpersonal skills and self-awareness:** that they can act effectively, under the guidance of qualified practitioners, in a peer relationship within multiple, complex and heterogeneous groups.

• **Communication:** that they can communicate information, ideas, problems and solutions to both specialist and non-specialist audiences.

• **Scholarship:** that they have developed those learning skills that are necessary for them to continue to undertake further study with a high degree of autonomy.

**Values and commitment of the Discipline of Physiotherapy**

• Our programme will be **student-centred** and will promote the concept of the user’s voice being heard and listened to in service developments. We believe that by incorporating systematic quality assurance activities within our programme we can lead by example when it comes to taking a patient/client-centred approach to physiotherapy practice.

• We will continue to enrol **high-performing students from diverse backgrounds** and ensure they are supported through their studies. We will create an environment where all students feel supported both personally and academically through their degree journey and will develop independent thinkers and learners who will also be prepared for independent and autonomous professional practice.

• We will promote **participation, and contribution** to Trinity and the wider **community**. We will continue to encourage **the spirit of volunteering and participation** in extra-curricular activities. We will promote to our students the concept of **participation in the professional community.**

• We will implement a Learning and Teaching Development Plan that ensures that we create the **best learning environment for our students**, consistent with evidence-informed adult learning strategies. Through this Plan, we will create a culture of collective ownership by the academic and practice staff as well as input from key stakeholders.
• We will continue to **develop our research capacity and expertise** and ensure that all aspects of the curriculum are informed by research evidence. We will encourage **knowledge translation from theory and research** to practice, yet nonetheless we will hold firm to the triad of inputs for evidence-based practice, and draw on both the voice and values of the patient/client and the clinical experience of the practitioner.

• We commit to developing physiotherapists who will be **life long learners**; active **advocates** for their patients, services and communities; **leaders** in outlook; and active members of the profession wherever they decide to practice physiotherapy.
Course in Physiotherapy

Summary information

Title of Course: One year honours course in Physiotherapy

Location of course delivery: Trinity College Dublin (TCD)/Singapore Institute of Technology (SIT) Campus on the Nanyang Polytechnic Singapore (NYP) site and the Discipline of Physiotherapy, School of Medicine, Trinity Centre for Health Sciences, St James’s Hospital, Dublin, Ireland.

Start Date: To commence September 2016

Award: Bachelor in Science (Physiotherapy) (B.Sc. Physio)

Accrediting body: The Irish Society of Chartered Physiotherapists (ISCP) is the accrediting body for the BSc in Physiotherapy. Graduates are also eligible for registration with the Allied Health Professions Council in Singapore.

Supports and Services within Trinity: While in Singapore students will have access to certain services such as network access, electronic journals etc. Students on the one year course will have full access to all student facilities on the main campus while on the overseas immersion programme.

Academic course

Course aims:
This one year course aims to upgrade the diploma in Physiotherapy awarded by Nanyang Polytechnic (NYP) in Singapore to Honours degree level. This will be achieved through the delivery of five modules over one academic year. The main aims of this one year course are to develop skills in critical analysis and global health as well as those related to the profession i.e. advances in physiotherapy practice, advanced exercise prescription and leadership, advocacy and management in physiotherapy. The aspiration is that this course will lead to independent practitioners who can initiate, drive and evaluate the services required for the future health system in Singapore.

Learning Outcomes:
The complete set of learning outcomes that will be achieved by the graduate of the proposed one year course are of the one year TCD course to be delivered in Singapore are as follows:

- Demonstration of astute clinical reasoning skills through evaluation of scientific findings, formulation of research and clinical questions, ability to identify and select appropriate research methods and analysis and interpretation of research data to support evidence based practice
- Ability to evaluate the developments in current health care practice and delivery and identify how physiotherapy can contribute to the promotion and maintenance of health and well-being and the prevention of disease and disability
- Able to describe and work within the legal responsibilities and ethical considerations of the practice of physiotherapy by recognising the need for demonstrating accountability, efficacy of services and cost effectiveness and applying the principles of good management
- Demonstrate an understanding of the boundaries of professional competence and respect for patients’ rights and dignity
- Ability to work independently and as part of a team and in multidisciplinary settings being cognisant of inter-professional approaches to health care delivery
• Communicate and advocate effectively with and for patients, colleagues, the physiotherapy profession and the wider community
• Engage in continuing professional development and lifelong learning

Overview of the course structure and content:

The specific modules that form the one year course were developed following a mapping exercise examining the learning objectives and content of the NYP three year diploma in Physiotherapy and comparing them to the TCD four year BSc degree. In depth discussions with academic staff and clinical colleagues in Singapore and in Dublin are conducted annually. This permits a deeper understanding of the specific areas that needed to be addressed in developing the curriculum. The areas required for the future health care developments in Singapore are considered in light of the particulars and strengths of the degree in Physiotherapy in TCD.
Course Structure:
This one year course consists of five modules. Four of the modules are delivered exclusively in Nanyang Polytechnic/Singapore Institute of Technology in Singapore by TCD and SIT staff. Students come to Dublin for a period of six weeks for the overseas immersion programme during which time the clinical component of the module on Advances in Physiotherapy Practice is completed. The timing of the delivery of each module is presented in table below.

Timing of delivery of modules

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<td><strong>Module PT4001</strong>: Advanced Exercise Prescription (10 ECTS*)</td>
<td><strong>Module PT4003</strong>: Global Health and Service Development (10 ECTS*)</td>
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<td><strong>Module PT4004</strong>: Leadership and Management in Physiotherapy (5 ECTS*)</td>
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<td><strong>Module PT4005</strong>: Advances in Physiotherapy Practice (15 ECTS*) - - includes overseas immersion programme spent in TCD and Clinical Sites from 10th April to 19th May 2017 lasting six weeks</td>
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*European Credit Accumulation and Transfer System (ECTS): 1 ECTS is equivalent to 20-25 hours of student endeavour (e.g. contact time, personal study, assignments and assessment).

Weighting of modules:
All modules will contribute to the final degree classification and the relative weighting of the final degree will be as follows:

- Advanced Exercise Prescription: 16.66%
- Critical Appraisal and Evidence Based Practice: 33.33%
- Leadership and Management in Physiotherapy: 8.33%
- Global Health and Service Development: 16.66%
- Advances in Physiotherapy Practice: 25.00%
Teaching and learning:
A number of teaching methods are used for the delivery of the course. Lectures, small group learning, clinical teaching, and peer and self-directed learning will be used as appropriate. The programme is supported by the use of a virtual learning environment (Blackboard). There will be considerable emphasis put on developing excellence in oral and written communication skills.

Staff:
We hope to have one full time TCD academic staff based in Singapore. Senior TCD academic staff travel to Singapore for intensive teaching weeks. Each module is led by an academic from TCD, apart from Global Health & Service Development which is coordinated by Associate Prof Wong. The clinical placements as part of the overseas immersion programme will be supported and supervised by clinical educators associated with TCD in conjunction with academic staff.
MODULE TITLE:  ADVANCED EXERCISE PRESCRIPTION

SEMESTER:  First
ECTS:  10 ECTS
LECTURERS:  Dr Fiona Wilson

RATIONALE FOR THE MODULE:
The aim of this module is to develop an in depth understanding of the exercise management for patients with chronic disease. The scientific basis for optimum exercise prescription and response in health and disease will be critically evaluated. While there is strong evidence at an epidemiological level for the benefit of exercise in the prevention and treatment of disease, much remains to be discovered regarding dose response and exercise prescription in clinical populations. With an increase in the incidence of obesity and chronic diseases there is considerable need for further investigation into optimising therapeutic responses through exercise. This area of research is a particular strength of the Discipline of Physiotherapy in TCD.

LEARNING OUTCOMES:
On successful completion of this module students should be able to:

• Describe the physiological changes that occur in the musculoskeletal, cardiovascular and respiratory systems during exercise in healthy subjects and in subjects with pathology.
• Describe the pathophysiology and clinical features of chronic diseases of the cardiovascular, respiratory and musculoskeletal systems.
• Apply clinical reasoning principles in assessment of an individual prior to prescription of exercise.
• Discuss the evidence for the protective effect of regular exercise in the prevention of acquired disease.
• Assess physical activity levels by both subjective and objective means.
• Assess aerobic capacity in subjects with pathology both in laboratory and clinical settings.
• Assess muscle strength and endurance in subjects with pathology.
• Prescribe and progress exercise (theoretically and practically) in a way which is appropriate to different pathologies.
• Prescribe exercise for patients with chronic disease and co-morbidities.
• Modify exercise programmes for those in extended care and community care settings.
• Evaluate the response to specific exercise programmes.
• Evaluate the factors influencing adherence to exercise.
• Appraise methods of exercise advice within health promotion.
• Justify the differing approaches to the physiotherapy and exercise treatment of chronic conditions supported by the relevant literature.
• Justify exercise approaches to increase human performance in patients with chronic disease with reference to the literature in sports medicine.
• Perform both a specific subjective and objective assessment and formulate a treatment plan for the care of the athlete.
• Evaluate syndromes which are particular to athlete care.
CONTENT:

- Epidemiology of acquired diseases
- The principles of clinical reasoning
- Musculoskeletal assessment of the spine and peripheral joints (review of basic principles and application of advanced clinical reasoning with particular emphasis on exercise prescription)
- Obesity, cardiovascular disorders, peripheral vascular disease, hypertension, acquired valve disorders, cardiovascular risk factors, preoperative assessment, post-operative rehabilitation, cardiovascular rehabilitation, Alzheimer's disease, Multi-infarct dementia, cancer, haemophilia, cancer related fatigue, myopathies, lymphodema and its management
- Common co-morbidities due to chronic disease and modifications that need to be considered when prescribing exercise
- Preoperative exercise testing
- Exercise management of the intensive care patient
- Prevention of postoperative pulmonary complications
- Risk factors for cancer
- HIV/AIDS
- Chronic respiratory diseases including COAD, cystic fibrosis
- Rheumatology and osteoporosis
- Assessment of physical activity, questionnaires, heart rate monitoring, motion sensors
- Exercise programmes for specific pathologies cardiovascular, pulmonary, obesity, musculoskeletal and osteoporosis
- Adherence to exercise and health promotion
- Sports medicine for those with pre-existing pathologies e.g. diabetes and haemophilia.
- Rehabilitation of the elite athlete with sports specific examples (soccer, rowing, performance and stage injuries) including sports syndromes: overtraining; female athlete triad.

ASSESSMENT:

Three hour written examination (100%): students will answer four out of six questions. Each question will outline a clinical scenario and the justification (with reference to the evidence) for exercise management of such a patient will be required.

READING LIST:

ACSM Guidelines for exercise testing and prescription
Ehrman JK, Gordon PM, Visich PS, Ketyeyan SJ. Clinical Exercise Physiology Second Ed Human Kinetics
McArdle Katch and Katch. *Exercise Physiology*, Williams and Wilkins
Kenney WL, Wilmore JH, Costill DL. *Physiology of Sport and Exercise*. Fifth Ed. Human Kinetics
Heyward VH. *Advanced Fitness Assessment* and Exercis Prescription. Sixth Ed. Human Kinetics
Durstine JL, Moore GE, Painter PL, Roberts SO. *ACSMs Exercise Management for Persons with Chronic Diseases and Disabilities*. Third Ed Human Kinetics

**Journals:** British Journal of Sports Medicine, Journal of Sports Sciences, Medicine and Science in Sports and Exercise

**Websites:** [www.acsm.org](http://www.acsm.org)
MODULE TITLE: **CRITICAL APPRAISAL AND EVIDENCE BASED PRACTICE**

**SEMESTER:** FIRST  
**ECTS:** 20 ECTS  
**LECTURERS:** Dr John Gormley

**RATIONALE FOR THE MODULE:**  
In this module students will be guided on the process of systematically examining research findings. The module will provide the knowledge and skills in finding and using the best evidence to support practice. How evidence can be used to inform practice will be discussed.

**LEARNING OUTCOMES:**  
On successful completion of this module students should be able to:

- Critically review the relevant literature, and present a review in written format.
- Perform a systematic review related to the practice of physiotherapy/physical medicine
- Demonstrate effective teamwork and communication skills.
- Critically analyse research findings.
- Evaluate the research process.
- Describe and compare basic features and uses of epidemiological study designs
- Interpret study results by considering bias, confounding, chance and causality
- Justify appropriate outcome measures as part of patient examination
- Describe the statistical analysis for determining reliability and validity of measures used in rehabilitation

**CONTENT:**

- Advanced literature searching
- Critical appraisal
- Rehabilitation measures and their psychometric properties
- Evidence based practice
- Epidemiology study designs-ecological, cross-sectional, case-control, cohort, intervention
- Meta analysis
- Systematic reviews
- Application of research to practice

**ASSESSMENT:**  
Assessment will be by two written assignments. A literature review of no more than 1500 words will contribute to 50% of the overall module mark. A paper of no more than 4000 words on a clinical scenario requiring evidence of practice will assess the component on evidence based practice and will contribute 50%.

**READING LIST:**  
Altman, D.G. The Scandal of Poor Medical Research. BMJ (1994), 308 283-284


MODULE TITLE:  GLOBAL HEALTH AND SERVICE DEVELOPMENT

SEMESTER:  SECOND

ECTS:  10 ECTS

LECTURERS:  Dr Alan Wong, invited lecturers

RATIONALE FOR THE MODULE:
This module introduces the students to contemporary global health issues. The major concepts of global public health will be described and global health challenges discussed. The students will develop knowledge and competencies in addressing non-communicable diseases such as cancer, cardiovascular disease, chronic lung disease and diabetes which lead to death in three in five people worldwide. The overall aim is to broaden perspectives on health services development, provisioning and delivery, as well as factors that contribute to strengthening the health systems of developing and developed countries.

LEARNING OUTCOMES:
On successful completion of this module students should be able to:
- Define the concepts of global health and international development
- Describe and discuss determinants of health
- Identify the factors that contribute to health and disease in a global context
- Discuss the relationship between health, environment and sustainable development
- Discuss the incidence and prevalence of diseases affecting developed and developing countries
- Describe the principal factors that result in premature death and excess mortality in disadvantaged communities around the world
- Evaluate the role of governments, international agencies, NGOs and community based organisations in health provision in developed and developing countries
- Analyse the inter-dependence of global health systems
- Summarise the historical evolution of public health and its influence on modern public health
- Identify and discuss the factors associated with inequalities in health
- Describe and discuss strategies and approaches to control and prevention of non-communicable diseases.
- Describe the basic functions of health services and reasons why services develop
- Explain how different disciplines contribute to health service developments and delivery
- Analyse key problems in providing health services globally
- Identify the distinct contribution of different disciplines to global health

CONTENT:
- Concepts in public health
- Determinants of health and inequalities in health care
- Millennium/Sustainable Development Goals
- Primary health care
- Global health actors and funders
- Comparative health systems and financing
- Communicable and non-communicable diseases
- Role of governments, NGOs in health provision
• Service development and management
• Healthcare at an individual level to macro level (regional and national level)
• Social, political and environmental determinants of global health

ASSESSMENT:
1. Presentations (50%) of a group project on service development.
2. Written examination (50%). The examination will be a three-hour paper.

READING LIST:

Recommended Textbooks:

References and resources:

General

Primary Health Care
Health Policies and Systems


Control of Non-Communicable Disease


Useful links:

1. [http://www.who.int](http://www.who.int)
MODULE TITLE: LEADERSHIP AND MANAGEMENT IN PHYSIOTHERAPY

SEMESTER: SECOND

ECTS: 5 ECTS

LECTURERS: Dr Emma Stoke, invited lecturers

RATIONALE FOR THE MODULE:

The diversity of health care services both nationally and internationally and the changing and developing role of physiotherapists within such services requires that entry-level students are equipped with an understanding of management, leadership and wider professional issues such as advocacy and implementation strategies for change and development. This module recognises that graduates may be called to develop and manage their own service or other services from an early stage in their career. The course considers the 'individual and the organisation ' where organisations may be units within more complex organisations, services and practice environments as well as communities of users. Understanding individual and interpersonal behaviours, continuing professional development, team roles as well as leadership styles will enable graduates to navigate the complex situations that face them in their early career. The course will be delivered in an intensive two-week period, with later self-directed work. There will be a mix of lectures, workshops, 1-day seminars and student-directed group work and formative assessment though group work, presentations and reflective writing.

LEARNING OUTCOMES:

On successful completion of this module students will be able to
• Describe his/her individual learning style and Belbin Team Roles and be able to articulate how they will inform their learning on this module and in their future professional development.
• Discuss the importance and roles of leadership in healthcare.
• Define and discuss the physiotherapist as an agent of change.
• Identify the difference between leadership and management
• Identify the four frameworks of leadership as described by Bolman & Deal & transformation efforts by Kotter.
• Adapt appropriate leadership and management styles to various situations, problems and people.
• Define and describe the components of an advocacy initiative
• Recognise the need for evaluation of services from the perspective of both the service provider and the patient/client
• Understand the role of the professional organisation in leading and advocating for the profession

CONTENT:

• Learning styles, Belbin Team Roles
• Continuing professional development and reflective writing
• Leadership & management – key issues for physiotherapy and professional practice
• Managing change in practice
• Evaluation of services - client centred approaches, clinical audit, use of outcomes evaluation with a focus on clinical effectiveness and quality of service
• Advocacy – for patients/clients, services and the profession
• The role of the professional organisation - leading, influencing, advocating
ASSESSMENT:
The module will be evaluated in two parts. Following the completion of work in Week 1, students will be assigned a project to work in groups. Each group will make a presentation in Week 8 and submit a written assignment in Week 10. The group assignment will be an oral presentation and account for 50% of the overall module mark. The written assignment will be an essay of no more than 3000 words and will account for 50% of the module mark.

READING LIST:
Further reading will be supplied at the time of the course
MODULE TITLE:  ADVANCES IN PHYSIOTHERAPY PRACTICE

SEMESTER:  SECOND

ECTS:  15 ECTS

LECTURERS:  TCD Academic staff supported by Clinical tutors/ Physiotherapists based in Primary and Community Care, Extended Care, Early Intervention and Rehabilitation Units in Dublin

RATIONALE FOR THIS MODULE:

In recent years the opportunities for physiotherapists have expanded considerably with the development of specialist posts, extended scope of practice positions and consultant therapy posts. This module is designed so that students have the opportunity to gain clinical experience in areas of advanced and emerging physiotherapy practice. This module will facilitate learning in areas of extended practice, primary care, screening and long term extended care. The overseas immersion programme is part of this module and students will spend four of six weeks in Dublin on a clinical placement in one area such as of Primary Care, Rehabilitation, Long term/Extended Care, Early Intervention and Care of the Elderly.

Prior to the immersion programme there will be a series of lectures/seminars introducing students to areas of complex physiotherapy practice with the aim of developing clinical reasoning skills and a holistic approach to service provision. Prior to the commencement of the clinical placement the immersion programme will consist of seminars and orientation to Trinity College Dublin and the Irish Health Service. In addition to the general clinical handbook there is a pre placement reading pack for each clinical site and these are stored on the website (www.medicine.tcd.ie/physiotherapy/clinical-education/preplacement/). At all times students will be supported in their learning and assisted in being part of the multidisciplinary team. Each student will complete a written case study report justifying the physiotherapy management

LEARNING OUTCOMES:

On successful completion of this module students should be able to:

- Profile, discuss and justify the changing scope and role of physiotherapy in a range of health care settings and emerging areas of practice with particular emphasis on Primary and Community Care and Long term/ Extended Care and Early intervention.
- Identify the boundaries of professional competence in a changing healthcare environment.
- Apply advanced clinical reasoning skills to plan, prioritise and implement appropriate physiotherapy intervention in order to make professional judgements confidently, ensuring effectiveness and efficacy.
- Effectively participate as a member of a health care team to provide effective patient care.
- Justify the application of clinical practice based on research evidence and best practice.
- Reflect successfully both on practice and learning in order to identify personal, professional and therapeutic goals within a context of lifelong learning.

CONTENT:
Complex case scenarios encompassing aspects of early intervention, primary care, long term and extended care, elder people, chronic health and complex disability will act as the prompt for students to identify and source the knowledge and evidence required addressing the cases. Students will work in group to identify their learning needs and to develop peer learning skills. A virtual learning environment will act as a repository for all the teaching and learning materials and evidence gathered. Students will be able to access all resources generated by the whole class to support the clinical component of the module in Dublin.

There will be preparation for clinical placements in Dublin including the common assessment form. Clinical placements of 4 weeks in either Early Intervention/Paediatrics, Primary and Community Care, Extended/Long term Care, Rehabilitation, National Rehabilitation Hospital, Royal Donnybrook, Primary Care, Pulmonary Outreach, Cardiac Rehabilitation outreach, Gerontology and other specialist areas of practice. These placements are currently part of the clinical programme for Physiotherapy in TCD provide a supportive learning environment for students. The timing of the clinical placements will be March/April and in May/June mid- May and therefore there will be no students from the four year course on clinical placements at that time (examination period). All students will be subject to the Fitness to Practice regulations and usual requirement of the HSE.

ASSESSMENT:
A case report will examine the application of the theoretical components of the module and will contribute 100% towards the module grade
The Common Assessment Form (CAF) level 3 will examine the clinical competencies. Successful completion of the CAF is essential for successful completion of the module.
The CAF is a national evidence-based form for the assessment of student in clinical placement used by all the courses in Physiotherapy (TCD, UCD, RCSI, UL) in the Republic of Ireland. The CAF provides a standardised assessment based on competencies. The assessment of the student’s performance is divided into two parts. Part 1 contains five areas of practice each of which contribute to the overall grade: patient assessment, patient treatment and management, professionalism, communication and documentation. Part 2 carries no marks but the student’s performance must normally be satisfactory in order to pass the placement.
The CAF describes specific learning outcomes that the student aims to achieve by the end of placement. Students are graded on behaviours that demonstrate these objectives. A mid- way assessment will be performed during the second or third week of the placement. This permits anticipated failure to be identified and appropriate mechanisms put in place. If a student fails the clinical placement they will be required to do an additional placement in Dublin. In such a case the student will have close supervision by a clinical tutor.

READING LIST: Students will identify evidence and research articles and texts to support their exploration of the case scenarios

STUDENT SERVICES SIT
SIT will provide local student support, medical assistance and assistance for students with disabilities, welfare and hardship support. SIT Student Life also provides professional counselling (on a referral basis by academic directors) by clinical psychologists.

OVERSEAS IMMERSION PROGRAMME
It is envisaged that while in Dublin on the Overseas Immersion Programme (OIP) students there will be an assigned pro-tutor for the six weeks. SIT will provide administrative guidance to students in Dublin with regard to possible financial assistance, travel arrangements and travel insurance.
At the beginning of the OIP and before the commencement of clinical placements and seminars, students from Singapore will have an orientation to Trinity during which there will be an introduction to Irish culture and a meeting with the Student Counselling Service on “feeling at home in Trinity” in addition to presentations on the services available to students. These will include, but are not limited to, contributions from the International Office, Student Counselling Service, Sports and Recreation and a number of the clubs and societies. The aim will be to immerse students into life in Trinity so they feel part of the College even though the time in Dublin will be of a short duration. The Sports and Recreation Centre are happy to discuss both short term membership to access facilities in the centre and setting up a number of particular activities for the group of students on the OIP.

In addition to SIT providing information technology, software, and access to the SIT library, students will have access to certain TCD services such as network access, electronic journals etc. Students will be issued with student cards from both TCD and SIT.

**Useful sources for information on visiting Ireland:**

- [www.visitdublin.com](http://www.visitdublin.com)
- [www.visitireland.com](http://www.visitireland.com)
- [www.tourismireland.com](http://www.tourismireland.com)
- [www.discoverireland.com](http://www.discoverireland.com)
- [www.failteireland.ie](http://www.failteireland.ie)

Students are advised to consult the International Office in TCD website for advice on travel, accommodation, health insurance and other area [www.tcd.ie/international](http://www.tcd.ie/international)
APPENDIX 1

READABILITY AND CLARITY

Jill Whitehouse BA

Executive Editor, Physiotherapy


This paper was written to identify the responsibilities of reviewers of articles for Physiotherapy in helping authors to improve their writing style. The Journal Committee thought it could also be useful for prospective writers before starting work on an article. It is therefore published here in a modified form.

The purpose of this paper is to identify an appropriate style for Physiotherapy. The twin aims of style are clarity of communication and elegance. The way in which it is achieved varies according to the medium; Keats and St John of the Cross would not have much of their work accepted for a scientific journal.

The pursuit of clarity starts before anything is written. Authors have to make sure their concepts are logical and orderly before starting to write. There is little hope that things will sort themselves out as they set them down.

Logic is the foundation of style. It also determines readability. A research paper should set out to find or prove one fact, and the conclusion of the article should state whether it has been found/ not found or proved/ not proved/ disproved. Testing two aspects at once will not do, and dragging in irrelevant findings, however interesting, adulterates the plan. This seems self-evident but almost any review article shows that it must be very difficult to achieve.

Keep It Simple

Two important aids to clarity are simplicity and brevity. Physiotherapists seem to have an innate tendency to pretentiousness. This can be demonstrated by a glance at the personal column in any issue of Physiotherapy. Very few members live anywhere; they always reside. Physiotherapists also tend to prefer Roman numerals, even though the legions left our shores almost 2,000 years ago, and their mathematical system was never outstanding. Members seldom buy anything; they prefer to purchase.

Allied to this a common distrust of full stops – sentences tend to run on interminably until the original subject can be forgotten in a multitude of subordinate clauses. Page long paragraphs are also to be avoided.

When writing articles one underlying motive is perhaps to make them seem as important as possible, with a view to impressing colleagues and future employers. The result is sometimes to bore and even confuse the reader.

There also seems to be a competition to produce the longest title. Obviously a one-word title such as ‘Joints’ or ‘Chests’ would not be specific enough, but a four-line title is in danger of paraphrasing most of the first paragraph.

1 If you doubt this, why has no one ever finished reading Finnegan’s Wake?
Conversely, there is a tendency among some writers to use note form. This is a good way to trigger the memory about facts which are already known but not to explain previously unfamiliar concepts. It also lacks elegance. Excessive use of heavy type, underlining and so on should also be unnecessary.

On the borderline between logic and convention is the use of singular and plural. A title such as ‘The use of the hoist for the respiratory patient’ implies there is only one hoist and only one respiratory patient. Even in these cash-starved times and until we achieve health for all by the year 2000, there will always be more than one of most types of equipment and patient in the world. The preliminary ‘The’ is also unnecessary and creates a complication for indexing – ‘Use of hoists for respiratory patients’ is quite adequate and saves three words. Likewise there is no such person as ‘the physiotherapist’ or ‘the doctor’. Very usefully, the plural also avoids the him/her dilemma; it is always ‘them’.

Clichés abound in all forms of communication today and can occasionally be effective. However, a paper full of phrases such as ‘up and running’, ‘as it were’, ‘the bottom line’, ‘all in all’ and so on, does suggest that the author has not many original thoughts or ways of expressing them.

Jargon, on the other hand, can be useful, if it serves as a form of shorthand. Provided the intended readership is likely to understand a phrase, it does not matter much whether the man on the Clapham omnibus would do so. (Whoops! See clichés above). Close to jargon is medical terminology, which is desirable so long as it is not too abstruse, and is correctly spelt.

A factor which few contributors consider or even know about is the overseas circulation of the Journal. About three thousand copies of Physiotherapy go to subscribers whose first language is not English. The simpler the expression the more they will benefit from each issue. There are also Braille and taped versions of the Journal and (I assume) the more straightforward the text; the easier it will be to transcribe and understand in those media.
References

References should be set out in the Harvard style. (It is easier to look at examples in the Journal than to describe it, but instructions are given in the guidelines for authors). The main reason is that they appear in alphabetical order. In the Vancouver style they are listed in the order which they are mentioned in the text, and if the author later inserts an additional reference, all the numbers in the text and at the end have to be changed. It is very easy to forget to alter everything with the result that the numbers in the text refer to the wrong titles at the end. The International Committee of Medical Journal Editors recommends the Vancouver style, but in the opinion of both editors of Physiotherapy it is misguided in that respect.

Additionally, the titles of references are spelt out in full in Physiotherapy. Librarians may be familiar with the abbreviations but some of our readers, here and overseas, are not. The scientific editor insists that all works listed at the end as references must appear in the main text; other titles should be labelled ‘Further reading’.

Keep It Human

An aspect of style which I think is very important is to make the subjects of any study seem human. It is easy to forget that patients are people, especially when they are being crunched into statistics. But they are not numbers or test tubes, and they should be respected as individuals. Where would you (and I) be without them? For this reason they should be given fictitious names, or at least reversed initials, rather than constantly be referred to as ‘the subjects’. This also gives a paper more appeal to the readers.

The Borderline

All these points affect the successful expression of meaning and are linked to the content of an article. Therefore they are the concern of authors.

Writers need not worry about the details of house style – alternative spellings, capitalisation, when to use hyphens and so on. Every periodical uses a different system and the Journal staff will attend to it. There is no need to staunch the flow of creative genius while deciding whether or not to use a Z in ‘realise’.

Development of the body of knowledge specific to physiotherapy is essential to its progress. Clear and free communication of new ideas and findings is crucial – knowledge is useless until it is made available. I hope these comments will help prospective writers to play their part in building the future of the physiotherapy profession.
APPENDIX 2

PLAGIARISM

Plagiarism is interpreted by the University as the act of presenting the work of others as one’s own work, without acknowledgement. Plagiarism is considered as academically fraudulent, and an offence against University discipline. The University considers plagiarism to be a major offence, and subject to the disciplinary procedures of the University.

Plagiarism can arise from deliberate actions and also through careless thinking and/or methodology. The offence lies not in the attitude or intention of the perpetrator, but in the action and in its consequences. Plagiarism can arise from actions such as:

(a) copying another student’s work.
(b) enlisting another person or persons to complete an assignment on the student’s behalf.
(c) quoting directly, without acknowledgement, from books, articles or other sources, either in printed, recorded or electronic format.
(c) paraphrasing, without acknowledgement, the writings of other authors.

Examples (c) and (d) in particular can arise through careless thinking and/or methodology where students:

• Fail to distinguish between their own ideas and those of others.
• Fail to take proper notes during preliminary research and, therefore, lose track of the sources from which the notes were drawn.
• Fail to distinguish between information which needs no acknowledgement because it is firmly in the public domain, and information which might be widely known, but which nevertheless requires some sort of acknowledgement.
• Come across a distinctive methodology or idea and fail to record its source.

All the above serve only as examples and are not exhaustive.

Students should submit word done in co-operation with other students only when it is done with the full knowledge and permission of the lecturer concerned. Without this, work submitted which is the produce of collusion with other students may be considered to be plagiarism.

It is clearly understood that all members of the academic community use and build on work of others. It is commonly accepted also, however, that we build on the work of others in an open and explicit manner, and with due acknowledgement. Many cases of plagiarism that arise could be avoided by following some simple guidelines: Any material used in a piece of work, of any form, that is not the original thought of the author should either be quoted directly or paraphrased. Either way, an explicit citation of the work referred to should be provided, in the text, in a footnote, or both. Not to do so is to commit plagiarism.

When taking notes from any source it is very important to record the precise words or ideas that are being used and their precise sources. While the Internet often offers a wider range of possibilities for researching particular themes, it also requires particular attention to be paid to the distinction between one’s own work and the work of others. Particular care should be taken
to keep track of the source of the electronic information obtained from the Internet or other electronic sources and ensure that it is explicitly and correctly acknowledged.

It is the responsibility of the author of any work to ensure that he/she does not commit plagiarism.

Students should ensure the integrity of their work by seeking advice from their lecturers, tutor or supervisor on avoiding plagiarism. All departments should include, in their handbooks or other literature given to students, advice on the appropriate methodology for the kind of work that students will be expected to undertake.

Students are referred to the relevant section in the University Calendar. https://www.tcd.ie/Science/current/PDF/plagiarism/Plagiarism.pdf

And to the weblink to the Library Repository, http://tcd-ie.libguides.com/plagiarism

Students, Please note the following:

1. All students are required to complete the online tutorial ‘Ready, Steady, Write’. http://tcd-ie.libguides.com/plagiarism/ready-steady-write

2. FOR ALL WRITTEN WORK students must complete the declarations below and attach to work submitted in hard or soft copy or via Blackboard.

   I have read and I understand the plagiarism provisions in the General Regulations of the University Calendar for the current year, found at: http://www.tcd.ie/calendar

   I have also completed the Online Tutorial on avoiding plagiarism ‘Ready, Steady, Write’, located at http://tcd-ie.libguides.com/plagiarism/ready-steady-write
**APPENDIX 3**

**SCORING FOR ADVANCED EXERCISE MEDICINE PRESENTATION**

<table>
<thead>
<tr>
<th>PRESENTATION</th>
<th>(100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
<td>(40 Marks)</td>
</tr>
<tr>
<td>Relevant material to the title of the topic</td>
<td></td>
</tr>
<tr>
<td>Sufficient depth of material</td>
<td></td>
</tr>
<tr>
<td>Demonstrates in-depth understanding of presented work</td>
<td></td>
</tr>
<tr>
<td>Interesting examples for audience</td>
<td></td>
</tr>
<tr>
<td>Appropriate visual aids</td>
<td></td>
</tr>
<tr>
<td><strong>Organisation</strong></td>
<td>(30 Marks)</td>
</tr>
<tr>
<td>Grabs audience attention</td>
<td></td>
</tr>
<tr>
<td>States clear plan</td>
<td></td>
</tr>
<tr>
<td>Follows clear organisational plan</td>
<td></td>
</tr>
<tr>
<td>Summarises essence of main points</td>
<td></td>
</tr>
<tr>
<td>Closes with strong final statement</td>
<td></td>
</tr>
<tr>
<td><strong>Delivery</strong></td>
<td>(30 Marks)</td>
</tr>
<tr>
<td>Moves comfortably and gestures naturally</td>
<td></td>
</tr>
<tr>
<td>Looks at each member of the audience and not at the screen</td>
<td></td>
</tr>
<tr>
<td>Maintains the audience attention</td>
<td></td>
</tr>
<tr>
<td>Speaks clearly, conversationally and enthusiastically</td>
<td></td>
</tr>
<tr>
<td>Handles visual aids effectively</td>
<td></td>
</tr>
<tr>
<td>Addresses questions on presentation clearly and effectively</td>
<td></td>
</tr>
</tbody>
</table>

**Overall Comments**
DISCIPLINE OF PHYSIOTHERAPY
ADVANCED EXERCISE PRESCRIPTION

Students are encouraged to discuss their ideas, plans, and drafts with each other and to seek feedback from the module organiser prior to submission of the assignment.

Criteria for Examining the Assignment

Student's Name ....................................... .................................. Term 20 ......

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Presentation (5)</strong></td>
<td>Grammatically correct English, typographically correct, formatted accurately and concisely</td>
</tr>
<tr>
<td><strong>Referencing (5)</strong></td>
<td>Harvard style citation and referencing</td>
</tr>
<tr>
<td></td>
<td>• Background (prevalence, risk factors for condition, clinical presentation) (5)</td>
</tr>
<tr>
<td></td>
<td>• Assessment (provide evidence based justification for assessment of condition, demonstrate sound clinical reasoning, non-generic format) (30)</td>
</tr>
<tr>
<td></td>
<td>• Description/justification of management programme demonstrating evidence of translating research into clinical practice (30)</td>
</tr>
<tr>
<td></td>
<td>• Discussion (concise synopsis of benefit of role of exercise in managing condition, relevance to physiotherapy practice, understanding of issues and challenges including adherence) (20)</td>
</tr>
<tr>
<td></td>
<td>• Structure [facilitates addressing issues, team and role of physiotherapy] (5)</td>
</tr>
</tbody>
</table>
**APPENDIX 4**

THE UNIVERSITY OF DUBLIN - TRINITY COLLEGE

DISCIPLINE OF PHYSIOTHERAPY

Feedback Form for Literature Review Assignment (1) for Critical Appraisal and Evidence Based Practice

Student's Name ................................... .................................. Term 20 ......

Examiner's Name ..............................................

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Use of English</td>
</tr>
<tr>
<td>2.</td>
<td>Proof Reading</td>
</tr>
<tr>
<td>3.</td>
<td>Referencing</td>
</tr>
<tr>
<td>4.</td>
<td>Relevance of content to title</td>
</tr>
<tr>
<td>5.</td>
<td>Evidence of reading appropriate to selected title</td>
</tr>
<tr>
<td>6.</td>
<td>Organisation of content - logical sequence</td>
</tr>
<tr>
<td>7.</td>
<td>Development of points/arguments</td>
</tr>
<tr>
<td>8.</td>
<td>Evidence of critical analysis of the literature</td>
</tr>
<tr>
<td>9.</td>
<td>Summary/conclusions</td>
</tr>
</tbody>
</table>

Other comments
## Grading structure for literature reviews

<table>
<thead>
<tr>
<th>Grade 1</th>
<th>70%+</th>
<th>Maximum use of information and excellent level of critical appraisal. Clear presentation and organisation of material with correct use of English and good proof-reading. Excellent summary/summaries. Correctly referenced.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 2i</td>
<td>60-69%</td>
<td>Interpretation good. Sees most of the implications of the review. Good presentation and organisation of most major points. Occasional repetition and obscure statements. Generally a clear grasp of major themes and trends. Good summary/summaries, correct referencing.</td>
</tr>
<tr>
<td>Grade 2ii</td>
<td>50-59%</td>
<td>General understanding of the review but interpretation may be weak leading more to a descriptive form of review. Some lack of integration and has not identified the major themes or trends. Presentation adequate though use of English could be improved.</td>
</tr>
<tr>
<td>Grade 3</td>
<td>40-49%</td>
<td>Some basic knowledge and relevant information although there are misunderstandings. Very little appraisal/interpretation. A descriptive type of review. Presentation of information illogical/poor. Inadequate or incorrect references. Poor use of English. Poor proof reading. Poor summary/summaries.</td>
</tr>
<tr>
<td>Fail</td>
<td>39% or below</td>
<td>Some knowledge of the general field. Very muddled. No evidence of appraisal/interpretation. Failure to summarise. No evidence of proof reading. Poor English.</td>
</tr>
</tbody>
</table>
Feedback Form for Literature Review Assignment (2) for Critical Appraisal and Evidence Based Practice will be made available at the start of the module
GUIDELINES FOR THE APPRAISAL OF LITERATURE REVIEWS

These guidelines are designed to help students and staff regarding points that can be taken into consideration when preparing and marking literature reviews.

<table>
<thead>
<tr>
<th>Title</th>
<th>Is it succinct and accurate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature Review</td>
<td>Is the material relevant to the title?</td>
</tr>
<tr>
<td></td>
<td>Is the material appropriate?</td>
</tr>
<tr>
<td></td>
<td>Is there evidence of critical appraisal or is it mainly descriptive?</td>
</tr>
<tr>
<td></td>
<td>Is it organised and integrated?</td>
</tr>
<tr>
<td></td>
<td>Has it identified themes or trends?</td>
</tr>
<tr>
<td></td>
<td>Is there a summary of essential features?</td>
</tr>
<tr>
<td></td>
<td>Is the use of English correct and clear?</td>
</tr>
<tr>
<td></td>
<td>Is the review correctly referenced?</td>
</tr>
</tbody>
</table>
# APPENDIX 5: Assessment Guidelines for GHSD

## Guidelines on Marking Exam Answers in the Sophister Years, Sem 2

<table>
<thead>
<tr>
<th>Class</th>
<th>Mark Range</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Max 20</td>
<td>Max 60</td>
</tr>
<tr>
<td>I</td>
<td>18-20</td>
<td>54-60</td>
</tr>
</tbody>
</table>
|       |         |         | ▪ Showing insight and originality and wide knowledge.  
|       |         |         | ▪ Logical, accurate, concise and structured presentation.  
|       |         |         | ▪ Evidence of reading and thought beyond course content.  
|       |         |         | ▪ Contains particularly apt examples.  
|       |         |         | ▪ Links materials from lectures, practicals and seminars where appropriate.  
| II-1  | 16-17  | 48-53  | Outstanding Answer |
|       |         |         | ▪ Falls short of the ‘ideal’ answer either on aspects of presentation or on evidence of reading and thought beyond the course.  
|       |         |         | ▪ Examples, layout and details are all sound.  
| II-2  | 14-15  | 42-47  | Mainly Outstanding Answer |
|       |         |         | ▪ Falls short on presentation and reading or thought beyond the course, but retains insight/originality typical of class I work.  
|       | 13     | 39-41  | Very Comprehensive Answer |
|       |         |         | ▪ Good understanding of concepts supported by broad knowledge of subject.  
|       |         |         | ▪ Notable for synthesis of information rather than originality.  
|       |         |         | ▪ Sometimes with evidence of outside reading.  
|       |         |         | ▪ A well organised answer.  
|       |         |         | ▪ Mostly accurate and logical with appropriate examples.  
|       |         |         | ▪ Occasionally a lapse in detail.  
|       | 12     | 36-38  | Comprehensive Answer |
|       |         |         | ▪ Mostly confined to good recall of coursework.  
|       |         |         | ▪ Accurate, logical and organised answer.  
|       |         |         | ▪ Some synthesis of information or ideas.  
|       |         |         | ▪ Some lapses in detail.  
|       | 11     | 33-35  | Less Comprehensive Answer |
|       |         |         | ▪ Based on coursework alone.  
|       |         |         | ▪ Usually lacks synthesis of information or ideas.  
|       |         |         | ▪ Sensible use of major points.  
|       |         |         | ▪ Mainly logical and accurate within its limited scope.  
|       |         |         | ▪ Lapses in detail.  
|       | 10     | 30-32  | Incomplete Answer |
|       |         |         | ▪ Understanding of main concepts and showing sound knowledge.  
|       |         |         | ▪ Sensible use of some major points, but contains several lapses in detail.  
| III   | 9      | 27-29  | Weak Answer |
|       |         |         | ▪ Signs of understanding and knowledge of subject.  
|       |         |         | ▪ Contains omissions, errors and misunderstandings, so that answer is no more than adequate.  
| III   | 8      | 24-26  | Very Weak Answer |
|       |         |         | ▪ Limited understanding and knowledge of subject.  
|       |         |         | ▪ A poor answer, but giving some relevant information indicating a marginally adequate understanding.  
| F-1   | 7      | 21-23  | Marginal Fail |
|       |         |         | ▪ Inadequate answer lacking substance, but with a vague knowledge relevant to the question.  
| F-2   | 6      | 18-20  | Clear Failure |
|       |         |         | ▪ Some attempt to write something relevant to the question.  
|       |         |         | ▪ Errors serious but not absurd.  
|       |         |         | ▪ Could be sound answer to the ‘wrong’ question.  
| F-3   | 0-5    | 0-17   | Utter Failure |
|       |         |         | ▪ With no hint of knowledge.  
|       |         |         | ▪ Errors serious and absurd.  
|       |         |         | ▪ Could be trivial response to the ‘wrong’ question.  

| Section A | Out of 60 | Section B | Out of 20 each | Section C | Out of 20 each | Total Marks: | _____ / 180 | _____ % (out of 100) |
APPENDIX 6: Assessment guidelines for Leadership and Management in Physiotherapy

This information will be made available at the start of the module
APPENDIX 7

THE UNIVERSITY OF DUBLIN - TRINITY COLLEGE

DISCIPLINE OF PHYSIOTHERAPY

ADVANCES IN PHYSIOTHERAPY PRACTICE

Students are encouraged to discuss their ideas, plans, and drafts with each other and to seek feedback from the module organiser prior to submission of the assignment.

Criteria for Examining the Assignment

| Student’s Name ........................................... ............................... Term 20 ...... |
|-------------------------------------------------|----------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Presentation (5)</th>
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<tbody>
<tr>
<td>Grammatically correct English, typographically correct, formatted accurately and concisely</td>
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<thead>
<tr>
<th>Referencing (5)</th>
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<tr>
<td>Harvard style citation and referencing</td>
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</tbody>
</table>

**Report Content (70)** Note: assignment does not ask for treatment or management of specific conditions

- Structure [facilitates addressing issues, team and role of physiotherapy] (5)

- Specific issues related to the main case [contributing factors, comorbidities and social issues that impact on health, prognosis] (20)

- Relevant issues related to social role and impact on health (15)

- Use of evidence to support discussion (15)

- Application of research to practice in supporting clinical decision making (15)

**Relevance and realism for physiotherapy practice (20)**

Critical appraisal of evidence and application and appropriate application to context [case scenario, health system and culture]
Trinity College Dublin
Discipline of Physiotherapy
Clinical Placement Assessment Form
LEVEL 3 (May 2013)

Student Name
Name of Clinical Site
Clinical Specialty/Specialties
Dates of Placement
From ____________ To_______________________
No. of Days Absent Reason
Name of Practice Tutor
Name of Practice Educator
Name of Visiting Academic Staff Date of Visit
P1 □ P2 □ P3 □ P4 □ P5 □ P6 □

<table>
<thead>
<tr>
<th>Section</th>
<th>Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Assessment</td>
<td>/100</td>
</tr>
<tr>
<td>Patient Treatment / Management</td>
<td>/100</td>
</tr>
<tr>
<td>Professionalism</td>
<td>/100</td>
</tr>
<tr>
<td>Documentation</td>
<td>/50</td>
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<tr>
<td>Communication</td>
<td>/50</td>
</tr>
<tr>
<td>Total Mark</td>
<td>/400</td>
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</table>

Overall Placement Score □ □ Overall Grade □ □
It is the responsibility of the student to ensure that this form is completed and returned to the Practice Education Co-ordinator within one week of the placement.

I feel the following 3 needs should be addressed on subsequent placements
1.__________________________________________________________________________
2.__________________________________________________________________________
3.__________________________________________________________________________

Other Comments

I confirm that I have received feedback during the course of this placement and on this CAF

Student Signature: Date:
Practice Educators Signature: Date:
GUIDELINES FOR COMPLETING THE CLINICAL PLACEMENT ASSESSMENT FORM

The assessment of the student's performance is divided into two parts.

**Part 1** contains five areas of practice each of which contribute to the overall grade. These comprise:

- Patient Assessment
- Patient Treatment/Management
- Professionalism
- Documentation
- Communication

Learning outcomes have been identified and listed for each area. The learning outcomes indicate what the student should have achieved by the end of the placement.

There are 10 learning outcomes in each of the areas of patient assessment, patient treatment/management and professionalism. There are 5 learning outcomes in each of the areas of documentation and communication.

For each of the learning outcomes, there are a number of expected behaviours, designed to help you decide if the learning outcome has been achieved at a particular level. This list of behaviours is not exhaustive but aims to guide you in assigning a mark. The learning outcomes do not change from level one to level three, rather the *behaviours* change.

Assessment criteria for each area are given. You should apply these criteria to the learning outcomes in order to analyse the student’s performance and decide upon the mark to be awarded. Forty percent reflects the minimum standard required of students to achieve a pass mark for any of the learning outcomes in that area. Within the first class honours grade, the mark 7 is reserved only for those students who are deemed to demonstrate outstanding achievement for their level in relation to the individual learning outcomes. When marking, it is essential to award the student a mark which most clearly reflects their achievement in relation to each individual learning outcome in each individual section.

A mark is awarded at both midway and end of placement. Midway assessment should be based on the work completed within the first half of a placement and marked in the midway section. The final mark should be based primarily on the performance on the latter half of a placement. For shorter placements or for specific placement sites, midway marks can be allocated as a total mark for each section rather than for individual learning outcome.

The final mark is given in the last days of placement. However, this mark can be adjusted to reflect changes in behaviours which may occur up until and including the last day of placement.

Space is provided for both comments and a mark to be recorded at midway and at the end of the placement. On the front page space for any general comments you may wish to make and for comments by the student is also provided. Please complete and sign this at the end of the placement.

A student must meet the following criteria to pass the placement in: score > 40% overall, score < 40% in 2 or more sections of the evaluation form, pass Part 2. Anticipated failure in Part 1 should be identified as far as possible during the midway assessment, discussed with the student and documented.
Part 2 carries no marks but the student’s performance must normally be satisfactory in order to pass the placement. Failure in part 2 should normally be preceded by a formal warning, which should be documented on the assessment form and discussed with the student following the specific incident(s).

A record of clinical hours is also included. The university is required to ensure that all students have completed 1000 hours of clinical work. The student will complete the record but please monitor and sign that the record is accurate. On the front page space for any general comments you wish to make is provided.

NB Both the Practice Educator and the Student must sign the form after feedback is given to the students on their performance. The Practice Educator must also sign the ‘Record of Clinical Hours’ page to confirm that the record of hours completed is accurate. It is the students’ responsibility to ensure these hours are recorded and totalled accurately. Students should complete the final table regarding time spend in different clinical areas before submitting this form to the Practice Education Co-ordinator.

The student will require a pass or fail for each of the 5 areas assessed on the CAF. Please note, you may give the student a numerical score for each outcome on both their midway and final assessments but this will be for feedback purposes only and will not contribute towards their final mark. If a student fails more than two sections or Part 2 of the CAF, the student is deemed to have failed the placement.
### Patient Assessment

**LEARNING OUTCOME**  
By the end of this placement the student will:

<table>
<thead>
<tr>
<th>BEHAVIOURS LEVEL THREE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
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</thead>
<tbody>
<tr>
<td><strong>1. Demonstrate appropriate background knowledge</strong></td>
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<tr>
<td>a. Comprehensively answers questions from educator/tutor on core clinical knowledge and skills.</td>
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<tr>
<td>b. Justifies assessment with reference to theoretical concepts, supported texts and the available evidence.</td>
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<tr>
<td><strong>2. Retrieve relevant information from available sources</strong></td>
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<tr>
<td>a. Efficiently selects all relevant information from all available sources prior to initiation of assessment.</td>
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<td>b. Efficiently integrates this information into the subsequent assessment.</td>
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<td>c. Has a clear understanding of the patient’s presenting complaint and management and engages in effective discussion with educator regarding this.</td>
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<td><strong>3. Perform a subjective examination</strong></td>
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<tr>
<td>a. Efficiently executes a logical, systematic and comprehensive interview to identify and elucidate the patient’s problem/s within a given time period.</td>
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<td>b. Avoids closed questioning.</td>
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<td>c. Efficiently generates pertinent information which informs the subsequent objective examination.</td>
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<tr>
<td>d. Exhibits flexibility in enquiry responding appropriately to patient cues.</td>
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<td><strong>4. Perform an objective examination</strong></td>
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<tr>
<td>a. Concisely explains purpose and format of objective assessment so that patient is fully informed.</td>
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<tr>
<td>b. Efficiently selects and accurately applies appropriate assessment techniques thereby demonstrating clear awareness of issues such as irritability, fatigue etc.</td>
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<td>c. Selects and applies evidence based outcome measures.</td>
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<td>d. Carefully employs effective handling skills.</td>
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<tr>
<td>e. Exhibits flexibility in the execution of the assessment by responding quickly to patient cues.</td>
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<tr>
<td>f. Maintains a safe environment.</td>
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<tr>
<td><strong>5. Demonstrate appropriate handling skills</strong></td>
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<tr>
<td>a. Optimally positions self displaying an adherence to the documented site policy on safe manual handling when executing the subjective and objective examination.</td>
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<tr>
<td>b. Employs appropriate, effective and skilful handling of patients during assessment.</td>
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<tr>
<td><strong>6. Ensure patient comfort and dignity during assessment</strong></td>
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<tr>
<td>a. Positions patients for their comfort and dignity during assessment.</td>
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<tr>
<td>b. Minimises physical and psychological stress during assessment.</td>
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<td>c. Uses appropriate touch during assessment.</td>
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<td><strong>7. Interpret and evaluate assessment findings</strong></td>
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<tr>
<td>a. Identifies, analyses and evaluates salient points from assessment.</td>
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<tr>
<td>b. Relates clinical signs and symptoms to underlying pathology and integrates this knowledge into management programme.</td>
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<tr>
<td>c. Recognises typical patterns of clinical presentation and relates this to current problems/objective findings.</td>
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<td>d. Discusses factors which limit patient’s ability to continue or comply with assessment tasks and demonstrates this understanding when designing management programme.</td>
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<tr>
<td>e. Formulates a comprehensive, prioritised problem list based on assessment findings.</td>
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<td><strong>8. Plan a treatment programme</strong></td>
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<tr>
<td>a. Integrates assessment findings to plan a comprehensive treatment.</td>
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<td>b. Selects and justifies a range of treatment approaches which address identified problems and goals in a holistic manner.</td>
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<td>c. Sets appropriate priorities in planning treatment which demonstrate a clear insight of patient goals, lifestyle and capabilities.</td>
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<td><strong>9. Set realistic goals</strong></td>
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<tr>
<td>a. Uses assessment findings, and clinical reasoning skills to set appropriate, SMART short term and long term goals of treatment.</td>
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<td>b. Predicts likely clinical outcomes on the basis of background knowledge of disease processes and experience and plans for this.</td>
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<td><strong>10. Perform assessment safely</strong></td>
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<td>a. Identifies and clears hazards in environment prior to and during assessment.</td>
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<td>b. Maintains appropriately close proximity to patients during assessment.</td>
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<td>c. Monitors patient response to assessment and modifies/discontinues assessment where patient safety is at risk.</td>
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<tr>
<td><strong>TOTAL MARK AWARDED</strong></td>
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<td>Please award a pass or fail in the total marks awarded box ---</td>
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<tr>
<td>Numerical band</td>
<td>Criteria</td>
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<td>----------------</td>
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<tr>
<td>1</td>
<td>Excellent level of relevant knowledge, understanding and synthesis. Demonstrates an excellent ability to retrieve patient information from relevant sources. Excellent standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Always demonstrates excellent practice in terms of safety and patient handling. Excellent thorough interpretation and evaluation of assessment findings. Excellent ability to formulate a problem list and set realistic goals. Excellent ability to design a treatment plan with sound justification and can offer a broad repertoire of appropriate treatment techniques. Integrates reflective analytical and practical skills. Very high level of clinical reasoning skills. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
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<tr>
<td>Score 7-10</td>
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<tr>
<td>2.1</td>
<td>Very good level of relevant knowledge, understanding and synthesis. Demonstrates a very good ability to retrieve patient information from relevant sources. Very good standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Always demonstrates very good practice in terms of safety and patient handling. Very good and thorough interpretation and evaluation of assessment findings. Very good ability to formulate a problem list and set realistic goals. Designs a treatment plan with sound justification and can offer a repertoire of appropriate treatment techniques Shows very good level of reflective, analytical and practical skills. High level of clinical reasoning skills.</td>
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<tr>
<td>Score 6-6.9</td>
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<tr>
<td>2.2</td>
<td>Good level of relevant knowledge, understanding and synthesis. Demonstrates a good ability to retrieve patient information from relevant sources. Good standard in the ability to carry out a comprehensive, efficient and appropriate assessment. Most of the time demonstrates good practice in terms of safety and patient handling. Good interpretation and evaluation of assessment findings. Good ability to formulate a problem list and set realistic goals. Designs a treatment plan with some justification and can suggest some appropriate treatment techniques. Shows good level of reflective, analytical and practical skills. Good clinical reasoning skills.</td>
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<td>Score 5-5.9</td>
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<td>3</td>
<td>Adequate level of relevant knowledge, understanding and synthesis but shows some shortfalls. Gathers most of necessary information but does not fully use all resources. Performs an adequate assessment but not always comprehensively, efficiently or appropriately. Demonstrates adequate practice in terms of safety and patient handling. Only satisfactory interpretation and evaluation of assessment findings. Some of the time has difficulty in formulating problem lists and setting realistic goals. Designs a treatment plan with some justification but has a limited repertoire of appropriate treatment techniques. Has difficulty in integrating reflective, analytical and practical skills. Adequate clinical reasoning skills.</td>
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<td>Score 4-4.9</td>
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<tr>
<td>FAIL</td>
<td>Significant gaps in relevant knowledge, understanding and synthesis. Gathers insufficient or irrelevant information. Inadequate standard of assessment. Displays an inadequate standard with regard to safety and patient handling skills and requires maximum guidance. Demonstrates poor skills in the evaluation and interpretation of assessment findings. Inadequate ability to formulate a treatment plan. Inadequate repertoire of treatment techniques. Shows little improvement with guidance. Poor ability to integrate reflective, analytical and practical skills. Unsatisfactory clinical reasoning skills.</td>
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<tr>
<td>Score 0-3.9</td>
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Midway Comments

Final Comments
<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>BEHAVIOURS LEVEL THREE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| 1. Justify the treatment programme using evidence based practice                  | a. Able to explain the rationale for choice of treatment to supervisor/patient comprehensively.  
    b. Demonstrates comprehensive links between theory and practice.  
    c. Uses evidence based practice to justify own clinical reasoning during discussions.  
    d. Is prepared to challenge existing custom and practice with in the clinical environment in an informed and constructive manner. |                 |                |
| 2. Implement a treatment programme                                               | a. Applies treatment approaches accurately and appropriately.  
    b. Adapts his/her skills to work within a specific clinical context/environment.  
    c. Considers patients lifestyle/hobbies and integrates this into treatment programme where appropriate  
    d. Carries out clinical/treatment instructions fully. |                 |                |
| 3. Carry out treatment tasks within a reasonable time period                        | a. Manages his/her patient time efficiently prioritising time allocated.  
    b. Sets appropriate priorities in planning treatment  
    c. Manages unexpected free time in a useful, conscientious manner.  
    d. Carries out treatment tasks fully within designated time period. |                 |                |
| 4. Educate patient appropriately                                                  | a. Teaches aspects of management and care to patients comprehensively and in an effective manner.  
    b. Writes down instructions e.g. HEPs for patients.  
    c. Checks to see that the patient has understood.  
    d. Educates and facilitates patients to manage their own health and well-being. |                 |                |
| 5. Evaluate the effects of treatment                                              | a. Measures clinical outcome for own patients using defined subjective and objective markers and reviews same.  
    b. Appropriately assesses patient response to treatment techniques within a treatment session and adjusts/progresses accordingly.  
    c. Analyses the reasons behind success or failure of treatment interventions. |                 |                |
| 6. Modify treatment                                                               | a. Has a range of solutions to flexibly adopt treatment techniques according to patient response. |                 |                |
    b. Recognises when discharge criteria have been met independently.  
    c. Aware of onward referral options and organises onward referral where required. |                 |                |
    b. Positions self optimally when treating patients.  
    c. Selects appropriate pieces of manual handling equipment for individual patients and can justify use of same. |                 |                |
    b. Checks equipment conforms to patients needs.  
    c. Ensures a safe environment during and after treatment.  
    d. Always gives standard warnings to patients about treatments.  
    e. Carries out standard checks on patients after treatment.  
    f. Consults with seniors and other staff before taking new or unfamiliar action in the clinical situation.  
    g. Acts and advises only within scope of practice. |                 |                |
| 10. Demonstrate an appreciation of a holistic approach to patient treatment and management | a. Identifies and understands physical, mental, emotional and social factors in a patient’s condition.  
    b. Incorporates treatment approaches that aim to maintain and improve health rather than just treating at impairment level. |                 |                |
<p>| TOTAL MARK AWARDED                                                                | Please award a pass or fail in the total marks awarded box |                 |                |</p>
<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Excellent ability to link theory and practice. Demonstrates an excellent standard of evidence based practice. Procedures are consistently applied accurately, efficiently and fluently. Interventions are tailored to meet the patient's specific needs and may be flexible, innovative and/or imaginative. Always manages time efficiently. Consistently excellent in explaining aspects of management and care to the patient. Excellent standard of evaluation of treatment. Procedures are consistently progressed accurately, efficiently and fluently. Consistently effective in managing the end of the patient care episode. Consistently demonstrates accurate and confident handling skills that are sensitive to the patients needs. Excellent awareness of safety issues at all times. Always aware of and adapts a holistic approach to patient management. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td>2.1 Procedures are/Interventions are</td>
<td>Very good ability to link theory and practice. Demonstrates a very good standard of evidence based practice. Score 6-6.9 applied accurately and efficiently with minimal prompting. Interventions are effective and flexible. Within an agreed time frame. Very good at explaining aspects of management and care to the patient. Demonstrates very good ability to carry out ongoing assessment and re-evaluation following some consultation. Procedures are progressed accurately and efficiently with minimal prompting. Manages the end of the patient care episode with minimal prompting. Demonstrates accurate and confident handling skills, preparing patient, self and environment appropriately. Demonstrates safe practice at all times. Aware of and adopts a holistic approach to patient management most of the time.</td>
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<tr>
<td>2.2 Score 5-5.9 procedures</td>
<td>Good ability to link theory and practice. Demonstrates a good standard of evidence based practice. Applies selected procedures accurately, with some prompting but lacks confidence in the selection of appropriate techniques. Most interventions are effective. Most interventions are completed within a reasonable time period. Good at explaining aspects of management and care to the patient. Demonstrates good ability to carry out ongoing assessment but requires some help in evaluating the treatment programme. Procedures are progressed accurately with prompting. Manages the end of the patient care episode with guidance. Handling skills are generally effective. Prepares patient, self and environment appropriately. Demonstrates safe practice. Aware of and adopts a holistic approach to patient management with guidance.</td>
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<tr>
<td>3 Score 4-4.9</td>
<td>Demonstrates some shortfalls in linking theory and practice but acceptable. Limited evidence of evidence based practice, lacking confidence in the justification of selected procedures. Applies procedures adequately but requires guidance in determining the aims of treatment and programme of treatment. Interventions may be poorly sequenced and/or incomplete. Experiences difficulties with time management. Adequate at explaining aspects of management and care to the patient. Requires a substantial amount of guidance with regard to the evaluation of treatment outcome. Difficulty with modifying/progressing treatment. Experiences difficulty in managing the end of the patient care episode and requires repeated assistance. Variable accuracy and some hesitancy demonstrated in the application of handling skills. Adheres to safe practice. With repeated assistance, is aware of and adopts a holistic approach to patient management.</td>
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<tr>
<td>FAIL Score 0-3.9</td>
<td>Consistent shortfalls in linking theory and practice. Poor ability to demonstrate evidence based practice and make/justify clinical decisions. Experiences considerable difficulty in the selection of appropriate techniques and requires maximum guidance an instruction. Procedures tend to be applied inadequately. Inaccurate and/or inappropriate treatments present much of the time. Demonstrates an inadequate standard in terms of treatment skills required for patient care despite guidance. Poor time management skills despite guidance. Fails to explain aspects of management and care to the patient despite guidance. Demonstrates consistently inadequate reassessment of patients despite guidance. Consistently fails to progress or modify treatment despite guidance. Poor ability to manage end of patient care episode despite guidance. Consistently poor handling skills demonstrated. Fails to adhere to principles of safe practice. Despite guidance, remains unaware of and does not adopt a holistic approach to patient management.</td>
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Midway Comments

Final Comments
## Professionalism

<table>
<thead>
<tr>
<th>LEARNING OUTCOMES</th>
<th>BEHAVIOURS LEVEL THREE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
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<tbody>
<tr>
<td>By the end of this placement the student will:</td>
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<td></td>
<td>b. Has identified needs from previous placement and has prepared strategies for self-improvement.</td>
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<td></td>
<td>c. Has comprehensive knowledge of conditions encountered on placement and integrates this in discussions with educator.</td>
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<tr>
<td>2. Identify their own learning needs</td>
<td>a. Recognises and takes responsibility for individual learning needs and identify areas for future development.</td>
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<td></td>
<td>b. Uses a reflective approach to practice.</td>
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<td>3. Set learning outcomes for the placement</td>
<td>a. Sets SMART learning outcomes relevant to the placement location.</td>
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<td></td>
<td>b. Reviews and modifies learning outcomes as appropriate and initiates discussion with educator regarding progress.</td>
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<td>c. Documents ongoing evidence of evaluation of goals and/or additional needs.</td>
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<td>4. Demonstrate initiative and willingness to learn</td>
<td>a. Shows active interest through appropriate questioning.</td>
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<td>b. Seeks out available opportunities for practice/learning.</td>
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<td>c. Voluntarily participates in CPD opportunities.</td>
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<td>5. Act on and accept guidance and/or feedback</td>
<td>a. Modifies practice according to feedback.</td>
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<td>b. Demonstrates appropriate and professional response to feedback.</td>
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<tr>
<td>6. Demonstrate an awareness of their own limitations and seek help where necessary</td>
<td>a. Reports findings to supervising clinician appropriately.</td>
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<td></td>
<td>b. Can identify strengths and weaknesses in discussion with supervisor and seeks to address these</td>
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<td>c. Discusses new treatments and conditions with supervisor prior to implementation and justifies possible solutions / strategies.</td>
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<td></td>
<td>b. Does not remove patient notes from the placement site.</td>
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<td></td>
<td>c. Does not have any identifying features on personal notes or reflections on patients.</td>
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<tr>
<td>8. Prioritise and manage their caseload according to the needs of the department</td>
<td>a. Organises self in response to needs of department</td>
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<td></td>
<td>b. Demonstrates organisational skills including prioritisation and management of appropriate workload.</td>
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<td></td>
<td>c. Take responsibility for managing an appropriate caseload.</td>
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<tr>
<td>9. Recognise the role of the physiotherapist in the multidisciplinary team</td>
<td>a. Recognises and respects the roles of all members of the multidisciplinary team and initiates communication as appropriate.</td>
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<td></td>
<td>b. Liaises with other members of MDT about shared patients management.</td>
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<tr>
<td></td>
<td>c. Is aware of organisational structures in the workplace.</td>
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<td></td>
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<tr>
<td>10. Demonstrate appropriate professional behaviours and attitudes</td>
<td>a. Dresses professionally according to local policy.</td>
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</tr>
<tr>
<td></td>
<td>b. Is punctual for clinical duties and appointments.</td>
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<td></td>
<td>c. Completes delegated tasks fully and properly.</td>
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<td></td>
<td>d. Negotiates in a learning or professional context and manages conflict.</td>
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<tr>
<td></td>
<td>e. Uses initiative in dealing with difficult situations.</td>
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</tr>
</tbody>
</table>

**TOTAL MARK AWARDED**

Please award a pass or fail in the total marks awarded box ➔
**Professionalism**

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LEVEL 3</strong></td>
<td><strong>Professionalism</strong></td>
</tr>
<tr>
<td>1</td>
<td>Score 7-10</td>
</tr>
<tr>
<td>2.1</td>
<td>Score 6-6.9</td>
</tr>
<tr>
<td>2.2</td>
<td>Score 5-5.9</td>
</tr>
<tr>
<td>3</td>
<td>Score 4-4.9</td>
</tr>
<tr>
<td>FAIL</td>
<td>Score 0-3.9</td>
</tr>
</tbody>
</table>

**Midway Comments**

**Final Comments**
### Documentation

**LEARNING OUTCOMES**

By the end of the placement the student will:

<table>
<thead>
<tr>
<th>BEHAVIOURS LEVEL 3</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| 1. Document a comprehensive and appropriate database | a. Follows a systematic approach to writing a clear, concise database. 
  b. Includes, understands and can justify all components of a database relevant for the patient. 
  c. Records accurate information from available resources that is relevant to the patient management. |
| 2. Accurately record the assessment findings showing evidence of clinical reasoning | a. Includes all relevant subjective findings accurately and without omissions. 
  b. Includes all relevant objective findings accurately and without omissions. 
  c. Records information in a logical, factual manner. 
  d. Comprehensively documents appropriate analysis of assessment and treatments demonstrating a clear understanding of the main problems and justification of chosen treatments. |
  b. Writes full, logical and concise treatment summaries and discharge letters independently. 
  c. Documents appropriate SMART short and long term goals. 
  d. Documents a clearly prioritised problem list |
| 4. Record clear, concise, legible notes that have appropriate use of abbreviations | a. Writes concise and legible records. 
  b. Uses appropriate terminology/abbreviations. |
| 5. Adhere to legal requirements and local guidelines regarding documentation/signature | a. Adheres to all national legal requirements. 
  b. Completes and signs all documentation as per local guidelines. 
  c. Ensures notes countersigned by educator 
  d. Follows all local guidelines relating to storage of documentation. |

**TOTAL MARK AWARDED**

Please award a pass or fail in the total marks awarded box →
**Documentation**

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Score 7-10</td>
<td>Excellent documentation skills. Evidence of excellent clinical reasoning in documentation. Consistently demonstrates outstanding ability in record keeping. Always independently documents full comprehensive and accurate POMR. Consistently keeps clear, concise, legible and appropriate records. Always conforms to national and local guidelines on documentation. The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</td>
</tr>
<tr>
<td><strong>2.1</strong> Score 6-6.9</td>
<td>Very good documentation skills. Evidence of very good clinical reasoning in documentation. Keeps succinct and coherent POMR with all details required for most patients. Records are legible and appropriate but occasionally lack detail. Conforms to national and local guidelines on documentation.</td>
</tr>
<tr>
<td><strong>2.2</strong> Score 5-5.9</td>
<td>Good documentation skills. Evidence of good clinical reasoning in documentation. Correctly documents POMR with most detail required. Records are legible and appropriate but sometimes lack detail. Conforms to national and local guidelines on documentation most of the time.</td>
</tr>
<tr>
<td><strong>3</strong> Score 4-4.9</td>
<td>Adequate documentation skills. Evidence of adequate clinical reasoning in documentation. Creates POMR that contains inaccuracies and omits some important details. Needs prompting to correctly document a database and SOAP notes. Written communication sometimes difficult to read and inconcise. Adheres to national or local guidelines on documentation some of the time.</td>
</tr>
<tr>
<td><strong>FAIL</strong> Score 0-3.9</td>
<td>Unsatisfactory/poor documentation skills. Evidence of unsatisfactory clinical reasoning in documentation. Demonstrates persistently unsatisfactory/poor record keeping. Uncertain about merits of database. Fails to document POMR to a satisfactory level despite prompting. Most of the time lacks detail and frequently contains inaccuracies or may be illegible. Consistently not conforming to national or local guidelines on documentation.</td>
</tr>
</tbody>
</table>

**Midway Comments**

**Final Comments**
### Communication

<table>
<thead>
<tr>
<th>LEARNING OUTCOME</th>
<th>BEHAVIOURS LEVEL THREE</th>
<th>Midway Mark /10</th>
<th>Final Mark /10</th>
</tr>
</thead>
</table>
| 1. Communicate effectively with the patient | a. Demonstrates an appropriate level of confidence in approaching patients and establishes a rapport with patients.  
 b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with patients.  
 c. Listens skillfully and flexibly and uses information to redirect questions.  
 d. Initiates discussion and encourages patients to express their own opinions and ask questions during assessment and treatment.  
 e. Comprehensively explains the aspects of management and care to patient.  
 f. Respects the rights, dignity and individuality of the patient.  
 g. Asserts self sensitively and adapts in response to unexpected events. | | |
| 2. Communicate effectively with the family/carer | a. Demonstrates an appropriate level of confidence in approaching family/carer and establishes a rapport with family/carer.  
 b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with family/carer.  
 c. Comprehensively explains the aspects of management and care to family/carer.  
 d. Respects the rights, dignity and individuality of the family/carer.  
 e. Asserts self sensitively and adapts in response to unexpected events. | | |
| 3. Communicate effectively with physiotherapy colleagues | a. Demonstrates regular and timely communication with clinical educator and physiotherapy colleagues.  
 b. Participates in and/or initiates appropriate dialogue with clinical educator and professional colleagues about professional issues and patient management. | | |
| 4. Communicate effectively with MDT (e.g. ward staff, health professionals, administration staff, personnel, porters) | a. Seeks and feeds back salient clinical information about patients and treatment information from ward staff.  
 b. Participates in and/or initiates appropriate and professional dialogue with the MDT at all levels.  
 c. Establishes appropriate professional relationships and engages in effective discourse with other members of the MDT.  
 d. Communicates inappropriate referral/cessation of treatment effectively. | | |
| 5. Demonstrate appropriate presentation skills | a. Gives talks/case presentations to colleagues and other professionals confidently and professionally.  
 b. Speaks audibly and clearly.  
 c. Demonstrates comprehensive preparation for presentations and answers questions comprehensively. | | |

**TOTAL MARK AWARDED**  
Please award a pass or fail in the total marks awarded box →

**NOTE:**  
If Learning Outcomes 2 and/or 5 are not encountered by the student during placement, please place N/A in the mark box and note this change on the front page. The marks for this section will be readjusted.
## Communication

<table>
<thead>
<tr>
<th>Numerical band</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Score 7-10</td>
<td>Excellent communication skills. Always speaks so that the patient/carer is totally informed. Always aware of verbal and non-verbal communication skills. Always demonstrates respect for the rights, dignity and individuality of the patient. Excellent communicator with physiotherapy staff and expresses self clearly with colleagues and MDT. Excellent presentation skills with clear structure and clear evidence of background preparation. <strong>The mark 8+ is reserved for a student whose performance on these criteria is outstanding.</strong></td>
</tr>
<tr>
<td>2.1 Score 6-6.9</td>
<td>Very good communication skills. Speaks so that the patient/carer is totally informed. Aware of verbal, non-verbal communication skills. Shows ability to relate to all members of the MDT and respects the rights, dignity and individuality of the patient. Very good communicator with physiotherapy staff and MDT colleagues and supervisor. Very good presentation skills.</td>
</tr>
<tr>
<td>2.2 Score 5-5.9</td>
<td>Good level of communication skills. Speaks so that the patient/carer is informed most of the time. Demonstrates respect for the rights, dignity and individuality of the patient. Good communicator with physiotherapy staff and MDT colleagues. Could communicate better with supervisor. Needs to work actively at seeking/delivering information to get the most from the MDT. Good presentation skills.</td>
</tr>
<tr>
<td>3 Score 4-4.9</td>
<td>Adequate communication skills. Adequate communication with patient/carer. Inconsistently demonstrates respect for the rights, dignity and individuality of the patient. Needs encouragement to build up relationships within MDT. Does not always use other members of the MDT for information nor inform them of the physiotherapy input. Presentations skills weak, needing more work at preparation and structure.</td>
</tr>
<tr>
<td>FAIL Score 0-3.9</td>
<td>Unsatisfactory level of communication skills. Unsatisfactory communication with patient/carer. Little evidence of ability to respect the rights, dignity and individuality of patients. Poor at relating to physiotherapy colleagues and keeping senior fully informed despite verbal instructions. Little evidence of interaction with MDT. Poor presentation skills, demonstrating poor preparation and structure.</td>
</tr>
</tbody>
</table>

### Midway comments

### Final Comments
PART 2
This section carries no marks. Students’ performance must normally be satisfactory on all aspects of Part 2 in order to pass the placement.
Failure of either section in Part 2 will normally override Part 1 of the assessment and cause the student to fail the placement.

Has the student completed their planned and unplanned learning activities and discussed it with their Practice Educator/Tutor? Yes □ No □

A record of warnings must be completed in situations where there are significant concerns relating to safety or professional behaviour.

SAFETY

Fail : Fails to apply knowledge of departmental health & safety policy to specific patient groups/conditions (e.g. infection control, moving and handling). Is unaware of or disregards the contraindications of treatment. Applies treatment techniques and handling skills in a way which puts patient and/or self at risk. Is unreliable in reporting and often fails to tell the educator about adverse findings and/or patient complaints. Persists in unsafe practice despite verbal instruction and/or warnings.

Record of warnings given:
Any entries should be dated and signed by both the student and the clinical educator.

PROFESSIONAL BEHAVIOR

Students should follow the Rules of Professional Conduct of the Irish Society of Chartered Physiotherapists.

Fail : Fails to comply with and has inadequate knowledge of the rules of professional conduct. Persistently poor time keeping and fails to implement arrangements and agreed procedures. Demonstrates persistently poor record keeping. Does not respect patient confidentiality. Poor or inappropriate standards of dress and/or hygiene. May exploit the mutual trust and respect inherent within a therapeutic relationship. Persists in unprofessional behaviour despite verbal instructions and/or warnings.

Record of warnings given:
Any entries should be dated and signed by both the student and the clinical educator.
# RECORD OF CLINICAL HOURS COMPLETED

It is the students’ responsibility to ensure these hours are recorded and totalled accurately.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours completed</th>
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<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td></td>
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<td>Mon.</td>
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<td>Tues.</td>
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<td>Weds</td>
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<td><strong>Total</strong></td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Hours completed</th>
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<tbody>
<tr>
<td><strong>Week 3</strong></td>
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<tr>
<td>Mon.</td>
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<td>Tues.</td>
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<td>Fri.</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

<table>
<thead>
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<tbody>
<tr>
<td><strong>Week 2</strong></td>
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<td>Tues.</td>
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<td>Weds</td>
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<td>Thurs.</td>
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<td>Fri.</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

<table>
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<tr>
<th>Date</th>
<th>Hours completed</th>
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<tbody>
<tr>
<td><strong>Week 4</strong></td>
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<td>Mon.</td>
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<td>Tues.</td>
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<td>Weds</td>
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<tr>
<td>Thurs.</td>
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<tr>
<td>Fri.</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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</tbody>
</table>

**Total**

**Final Total***

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*Lunch breaks do not contribute to the total hours contributed

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

**PRACTICE EDUCATOR NAME**

___________________________

**SIGNATURE**

___________________________

LEVEL 3

**SUMMARY RECORD OF CLINICAL EXPERIENCE**
Please record the number of hours that were completed in the following areas: Musculoskeletal/orthopaedic, Cardio/respiratory, Neurological/Care of the Elderly, Other

<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Experience in hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
APPENDIX 9

ATTENDANCE AND COURSE WORK

Students are referred to the 'General Regulations and Information' within the University Calendar (http://www.tcd.ie/calendar/) in relation to the above,

And specifically to the following sections:

Students must attend College during the teaching term. They must take part fully in the academic work of their class throughout the period of their course. Lecture time-tables are published on College and departmental notice-boards before the beginning of Michaelmas lecture term. The onus lies on students to inform themselves of the dates, times and venues of their lectures and other forms of teaching by consulting these time-tables.

The requirements for attendance at lectures and tutorials vary between the different faculties, schools and departments. Attendance is compulsory for Junior Freshman in all subjects. The faculty, school or department, whichever is relevant, publishes its requirements for attendance at lectures and tutorials on notice-boards and/or in handbooks and elsewhere, as appropriate.

In special circumstances exemption from attendance at lectures for one or more terms may be granted by the Senior Lecturer; application for such exemption must be made in advance through the tutor. Students granted exemptions from attendance at lectures are liable for the same annual fee as they would pay if attending lectures. Students thus exempted must perform such exercises as the Senior Lecturer may require. If these exercises are specially provided, an additional fee is usually charged.

Students who in any term have been unable, through illness or other unavoidable cause, to attend the prescribed lectures satisfactorily, may be granted credit for the term by the Senior Lecturer, but must perform such supplementary exercises as the Senior Lecturer may require. The onus for informing the Senior Lecturer of illness rests with individual students who should make themselves familiar with the general and more detailed departmental regulations regarding absence from lectures or examinations through illness.

Students who find themselves incapacitated by illness from attending lectures (or other forms of teaching) should immediately see their medical adviser and request a medical certificate for an appropriate period. Such medical certificates should be copied to the faculty, school or departmental office, as appropriate, by the student’s tutor.

In relation to the Faculty of Health Sciences students are referred to paragraph on attendance
Students should attend lectures regularly and are required to attend practical classes, clinic and demonstrations. When students are absent through illness, a medical certificate should be sent to the appropriate school office at the time of the illness, or immediately afterwards.

PLEASE NOTE:

As far as the Department of Physiotherapy is concerned, attendance at lectures is expected and attendance at practical classes is a **requirement** in accordance with Faculty regulations. Students who are absent for any reason must inform the Department office on the morning of their absence together with the clinical department in which they have a clinical placement. Where possible an indication should be given of the likely duration of absence. Absences of three days or more must be supported by a medical certificate.

If students require leave of absence for personal reasons this should be discussed with the Director (or in his or her absence with any member of staff).
Following a memorandum from the Senior Lecturer a protocol has been established for the submission of written course work.

Written work in the form of literature reviews and other required assignments must be handed in by the date and time specified.

Each student is responsible for the submission of his/ her own piece of work. The student must ‘sign-in’ the piece of work which will be ‘signed for’ by a member of staff on the date received. A register will be available for this procedure in the School office.

Failure to hand in the work by the specified date may result in non-marking of the work unless specific permission has been given for late receipt of work.
APPENDIX 10

PROFESSIONAL BEHAVIOUR

Student physiotherapists shall adhere at all times to personal and professional standards that reflect credit on the profession and on the School of Medicine.

Behaviour, approach and dress should not cause offence to the patient/client carer or colleagues.

On placement the student is expected to act in a professional and courteous manner and demonstrate a willingness to adhere to the requirements of the practice environment.

Conduct considered to be derogatory to the reputation of the profession includes dishonesty, racism, ageism, sexism, indecent or violent behaviour, abuse of alcohol or drugs. Additionally, conviction by a court of law may imply some risk to the public.

The above statement is deliberately general recognising that it is impossible to specify everything that could be considered to be professional misconduct.

Adverse findings by the University’s Disciplinary Committee, Professional Procedures Committee or the School Committee may result in the student being deemed guilty of professional misconduct. Such a finding may result in requesting that a student be removed from the course.
APPENDIX 11

GUIDELINES FOR STUDENTS AT EXAMINATIONS

1. You are expected to familiarise yourself with the location of every examination venue you have been assigned to.

2. Once you have entered a venue, complete SILENCE must be maintained at all times.

3. Each student must be in possession of their student ID card for each examination session. Students should place their student ID card on the right-hand side of their desk for all examinations.

4. You should check that you have received the correct examination paper; you should check the title and read carefully all instructions given.

5. Your attention is drawn to the ‘NOTICE ON EXAMINATIONS’ which appears on the back cover of every examination booklet and is reproduced overleaf.

6. You will not be admitted after the first half-hour and will not be allowed to leave during the last half-hour.

7. You are not allowed start your examination until instructed to do so by the invigilators. Please use any spare time at the start to fill in your answer book cover.

8. You will be advised of the time ten minutes before the end of the examination.

9. At the end of the examination you will be advised that:

   • it is your responsibility to hand in everything you wish to have marked;
   • you should ensure that all of your answer books are labelled correctly with your examination number, seat number and all other relevant information required and also, complete the section at the bottom right-hand corner as requested before sealing the flap on every booklet used; fasten securely with a treasury tag.
• you must immediately stop writing and hand up your booklets when instructed to do so by an invigilator.
• you must remain in your seat until all scripts have been collected.
• you must not remove from the examination venue answer books, rough work, or other materials supplied.

10. If you wish to leave the examination venue at any stage during the examination you must be escorted by an Invigilator.

11. If you wish to leave before the end of the examination you must hand your booklet(s) to an Invigilator.

12. If you feel unwell during your examination, please inform an Invigilator – you will be asked if you wish to go to Student Health and will be accompanied by an Invigilator.

13. If necessary you will be accompanied to a bathroom by an Invigilator.

14. No smoking breaks are allowed in examination venues.

15. No mobile phones are allowed in examination venues.

STUDENTS MUST FOLLOW THE INSTRUCTIONS GIVEN BY THE INVIGILATORS AT ALL TIMES.
APPENDIX 12

UNIVERSITY OF DUBLIN
TRINITY COLLEGE

NOTICE ON EXAMINATIONS

CANDIDATES FOR EXAMINATIONS ARE FORBIDDEN TO BRING BOOKS OR NOTES WITH THEM INTO AN EXAMINATION HALL, TO COPY FROM OR EXCHANGE INFORMATION WITH OTHER CANDIDATES OR IN ANY WAY MAKE USE OF INFORMATION IMPROPERLY OBTAINED.

SUCH ACTIONS ARE REGARDED AS SERIOUS OFFENCES FOR WHICH STUDENTS MAY BE EXPELLED FROM THE UNIVERSITY.

STUDENTS MUST NOT LEAVE THE HALL BEFORE THE TIME SPECIFIED FOR THE EXAMINATION HAS ELAPSED, EXCEPT BY LEAVE OF THE INVIGILATOR.

EXAMINATIONS OR OTHER EXERCISES WHICH ARE PART OF CONTINUOUS ASSESSMENT ARE SUBJECT TO THE SAME RULES AS OTHER COLLEGE EXAMINATIONS.

WHERE SUBMITTED WORK IS PART OF A PROCEDURE OF ASSESSMENT, PLAGIARISM IS SIMILARLY REGARDED AS A SERIOUS OFFENCE AND IS LIABLE TO SIMILAR PENALTIES.

Senior Lecturer
### APPENDIX 13

### GUIDELINES FOR EXAM ANSWERS

**Guidelines on Awarding grades for Exam Answers**

<table>
<thead>
<tr>
<th>Class</th>
<th>Mark Range</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>90-100</td>
<td><strong>IDEAL ANSWER:</strong> showing insight and originality and wide knowledge. Logical, accurate, concise and structured presentation. Evidence of reading and thought beyond course content. Contains particularly apt examples. Links materials from lectures, practicals and seminars where appropriate.</td>
</tr>
<tr>
<td></td>
<td>80-89</td>
<td><strong>OUTSTANDING ANSWER:</strong> falls short of the ‘ideal’ answer either on aspects of presentation or on evidence of reading and thought beyond the course. Examples, layout and details are all sound.</td>
</tr>
<tr>
<td></td>
<td>70-79</td>
<td><strong>MAINLY OUTSTANDING ANSWER:</strong> falls short on presentation and reading or thought beyond the course, but retains insight and originality typical of first class work.</td>
</tr>
<tr>
<td>II-1</td>
<td>65-69</td>
<td><strong>VERY COMPREHENSIVE ANSWER:</strong> good understanding of concepts supported by broad knowledge of subject. Notable for synthesis of information rather than originality. Sometimes with evidence of outside reading. A well organised answer. Mostly accurate and logical with appropriate examples. Occasionally a lapse in detail.</td>
</tr>
<tr>
<td></td>
<td>60-64</td>
<td><strong>COMPREHENSIVE ANSWER:</strong> mostly confined to good recall of coursework. Accurate, logical and organised answer. Some synthesis of information or ideas. Some lapses in detail.</td>
</tr>
<tr>
<td>Grade</td>
<td>Mark Range</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>II-2</td>
<td>55-59</td>
<td>LESS COMPREHENSIVE ANSWER: based on coursework alone. Usually lacks synthesis of information or ideas. Sensible use of major points. Mainly logical and accurate within its limited scope. Lapses in detail.</td>
</tr>
<tr>
<td></td>
<td>50-54</td>
<td>INCOMPLETE ANSWER: understanding of main concepts and showing sound knowledge, Sensible use of some major points, but contains several lapses in detail.</td>
</tr>
<tr>
<td>III</td>
<td>45-49</td>
<td>WEAK ANSWER: Signs of understanding and knowledge of subject. Contains omissions, errors and misunderstandings, so that answer is no more than adequate.</td>
</tr>
<tr>
<td></td>
<td>40-44</td>
<td>VERY WEAK ANSWER: limited understanding and knowledge of subject. A poor answer, but giving some relevant information indicating a marginally adequate understanding.</td>
</tr>
<tr>
<td>F-1</td>
<td>35-39</td>
<td>MARGINAL FAIL: inadequate answer lacking substance, but with a vague knowledge relevant to the question.</td>
</tr>
<tr>
<td>F-2</td>
<td>30-34</td>
<td>CLEAR FAILURE: some attempt to write something relevant to the question. Errors serious but not absurd. Could be sound answer to the ‘wrong’ question.</td>
</tr>
<tr>
<td>F-3</td>
<td>0-29</td>
<td>UTTER FAILURE: with no hint of knowledge. Errors serious and absurd. Could be trivial response to the ‘wrong’ question.</td>
</tr>
</tbody>
</table>
APPENDIX 14

USEFUL CONTACT NUMBERS

General Information, Advice and Services:

Undergraduate Students Tutorial Service  www.tcd.ie/Senior_Tutor/
House 27, College  Ph: 896 2551
Email: stosec@tcd.ie

Student Disability Services  www.tcd.ie/disability/
Room 2054, Arts Building, College  Ph: 896 3113
Email: disab@tcd.ie

Student Counselling Service  www.tcd.ie/Student_Counselling/
199 – 200 Pearse Street  Ph: 896 1407
Email: student-counselling@tcd.ie

Careers Advisory Service  www.tcd.ie/careers
2nd floor, East Chapel  Ph: 896 1721/ 896 1705
Email: careers@tcd.ie
College Health Service  www.tcd.ie/College_Health
House 47, College  Ph: 896 1556/ 896 1591

Chaplaincy  www.tcd.ie/Chaplaincy/
House 27, College  Ph: 896 1402/ 896 1901/ 896 1260

Mature Student Office  Ph: 896 1386
Email: mature.student.officer@tcd.ie

Accommodations Services  www.tcd.ie/Accommodation
West Chapel, Front Square  Ph: 896 1177
Email: Residences@tcd.ie

The Students Union  www.tcdsu.org
House 6, College  Ph: 896 8431

Maps of Trinity College  http://www.tcd.ie/Maps/
The European Credit Transfer and Accumulation System (ECTS) is an academic credit system based on the estimated student workload required to achieve the objectives of a module or programme of study. It is designed to enable academic recognition for periods of study, to facilitate student mobility and credit accumulation and transfer. The ECTS is the recommended credit system for higher education in Ireland and across the European Higher Education Area.

The ECTS weighting for a module is a measure of the student input or workload required for that module, based on factors such as the number of contact hours, the number and length of written or verbally presented assessment exercises, class preparation and private study time, laboratory classes, examinations, clinical attendance, professional training placements, and so on as appropriate. There is no intrinsic relationship between the credit volume of a module and its level of difficulty.

The European norm for full-time study over one academic year is 60 credits. 1 credit represents 20-25 hours estimated student input, so a 10-credit module will be designed to require 200-250 hours of student input including class contact time, assessments and examinations.

**ECTS credits are awarded to a student only upon successful completion of the course year.**

Progression from one year to the next is determined by the course regulations. Students who fail a year of their course will not obtain credit for that year even if they have passed certain component courses. Exceptions to this rule are one-year and part-year visiting students, who are awarded credit for individual modules successfully completed.