DISCIPLINE OF PHYSIOTHERAPY

PRACTICE EDUCATION HANDBOOK

A Handbook for TCD Physiotherapy Students

and Practice Educators

Updated January 2019
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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Section A: Discipline of Physiotherapy Philosophy

The Discipline of Physiotherapy, Trinity College Dublin aims to facilitate entry-level students to become competent, autonomous, professionals, enabling them to become life-long learners.

Graduates should have a range of skills and competencies to develop creative and innovative solutions to both emerging and predictive health care needs.

Graduates should have a combination of specific health care skills and attributes and specific profession psycho-motor skills that are required to evaluate, assess and advise clients, service users.

Graduates should be advocates for clients/service users and committed to their wellbeing.

Graduates should be capable of working alone and within multi-disciplinary teams.

Graduates are expected to complete the course having exceeded the minimum national or international guidelines / benchmark for a registered chartered physiotherapist/physical therapist.
Section B: Definition of Roles in Practice Education

Members of the practice education team
The practice education team is composed of the practice education co-ordinator, practice tutors and regional placement facilitators. The following gives a brief understanding of the different roles of the team before the definition of all roles in practice education are outlined.

Practice education co-ordinator (PEC) is responsible for the overall co-ordination of the placements for the university and allocation of the student to a placement. This role includes: quality assurance in clinical education, development of new placements, developing, co-coordinating and teaching on the Preparation of Student for Clinical Practice Course, supporting students and practice educators in clinical sites, facilitating the education of practice educators, co-ordinating and supporting practice tutors and regional placement facilitators and research.

Practice educator (PE) is used to describe the identified practitioner in the clinical setting who facilitates the student learning face-to-face on a daily basis and generally has primary responsibility for the formative and/or the summative assessment of student competence.

Practice tutors (PT) are funded by the HSE and based in practice education (clinical) sites. This senior grade post supports students and practice educators (managers, seniors or basic grade clinical staff directly supervising students) as part of the university practice education team in the clinical site. Tutors are involved in hands-on teaching and supervision of individual or groups of students. The practice tutors actively seek and develop clinical placements opportunities in liaison with key stakeholders including in a range of environments not previously explored.

Regional placement facilitators (RPF) are funded by the HSE and based in the HSE/university. This senior grade post offers a supporting role to students and practice educators as part of the university practice education team across a number of clinical sites. The RPF actively seek and develop clinical placements opportunities in liaison with key stakeholders including in a range of environments not previously explored. The RPF supports students and practice educators across a number of clinical sites.
Role of the Student

To prepare for clinical placement:

- Read pre-placement information on the TCD website.
- Submit the TCD Student CV a minimum of 2 weeks prior to commencement of placement.
- If applicable consider registering with TCD Disability Service and disclosure of relevant disability information that may warrant reasonable accommodation on placement. (see Section Q)
- Comply with all site specific pre-placement requirements including providing Garda Clearance certification, vaccination screening information etc.
- Read recommended chapters, lecture notes or papers relevant to placement.
- Consider own areas of strength and weakness in relation to pre-placement information provided and background knowledge of clinical area
- Seek to improve recognised areas of theoretical or practical deficit.
- Consider how theory may be applied in practice.
- Practice manual and other relevant skills.
- Prepare preliminary list of learning objectives for placement.
- Familiarise self with the Rules of Professional Conduct and the Core Standards of Physiotherapy Practice.

On placement:

- Present and discuss placement learning objectives with practice educator.
- Recognise need for self-directed learning.
- Consider the learning process as a co-operative one.
- Participate actively in all aspects of placement.
- Monitor achievement of placement learning objectives.
- Be active in seeking end of week (five minute feedback form) and midway feedback report from the practice educator.
- Be sensitive to staff workload.
- Maintain fully professional attitude at all times with patients, relatives and staff.
- Discuss difficulties or misunderstandings as soon as possible with relevant staff.
- Provide feedback on own progress to practice educator and Discipline of Physiotherapy as necessary.
- Observe and comply with the Health and Safety and Manual Handling Policies whilst on placement and take responsibility for care of oneself and others.
- Observe the proper uniform and identification procedures for each clinical site. Students should not travel to and from placement in uniform. (There may be some exceptions i.e. home visits, schools etc. check with the supervisor).
- Students should take responsibility to gain the maximum learning benefit from the placement.
Role of the Discipline of Physiotherapy

To prepare students for clinical placement:

- Deliver relevant academic theory.
- Teach appropriate practical skills in school and clinical setting.
- Develop appropriate professional attitudes.
- Explain how the clinical reasoning/ reflection processes’ help to put theory into practice.
- Discuss placement learning objective setting in clinical practice.
- Maintain up to date information on placements.

To liaise with practice educators with regard to the following:

- Indicate knowledge and skills base reached by students.
- To supply all relevant information including dates of placements to practice educators/ practice tutors and students.
- Discuss changes in student placements as required.

To support practice educators as follows:

- Provide education courses for practice educators on supervision of student and teaching and learning in the clinical setting.
- Liaise with the practice educators in relation to student assessment or student’s learning needs.
- Provide feedback opportunities.
- Invite clinicians to contribute to course content.
- Invite senior clinicians to present specialist lectures to students at Discipline of Physiotherapy.

Role of the Practice Educator

To enable students to fulfil the five elements of the physiotherapy process in relation to patient management:

- Assess, identify and analyse client/patient needs.
- Diagnose following patient assessment.
- Develop patient management strategies.
- Implement patient management strategies.
- Critically evaluate the outcomes of these activities.
- Assist in the development of clinical reasoning strategies.

To facilitate student learning within a comfortable learning environment:

- Assist with setting placement learning objectives.
- Develop a timetable to help achievement of agreed placement learning objectives.
- Facilitate practical application of academic theory.
• Enable the integration into clinical practice of skills acquired in school.
• Provide realistic caseload for stage of training.
• Promote the importance of and show motivation in own role/speciality.

To liaise with the Discipline of Physiotherapy to:
• Evaluate student clinical performance by completion of Common Assessment Form (CAF) both at midway and end of placement with practice educators unless the Practice tutors is the sole supervisor of the student.
• Assist as appropriate in the assessment of the student during ‘Final Patient Assessment’ examination.
• Inform the student and liaise with the Discipline of Physiotherapy, at the earliest opportunity if concerns are identified in relation to the student’s performance.
• Attend where possible meetings at the Discipline of Physiotherapy.
• Attend appropriate courses run by the Discipline of Physiotherapy planned in order to help the skills as an educator.
• Assist with lecturing and curricular development as appropriate.
HSE PRACTICE EDUCATOR COMPETENCIES

The aim of the ISCP competencies is to promote quality in Practice Education in the three professions of Occupational Therapy, Physiotherapy and Speech and Language Therapy. They have been devised by the practice education co-ordinators in conjunction with the Therapy Project Office. They are intended to form a framework document, which may be used by the practice educators to help them to identify their own educational and learning needs in this area and to guide their own CPD. It is suggested that this set of competencies will also assist the practice education teams to guide the development of practice education learning approaches and programmes. These competencies are also available on the ISCP website.

The following practice educator competencies are divided into the areas of:

1. Educational competencies
2. Assessment/evaluation competencies
3. Professional practice competencies
4. Supervision competencies
5. Management and administration competencies

1. Education Competencies

The practice educator demonstrates the ability to:

<table>
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<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
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<tbody>
<tr>
<td>Understand learning styles</td>
<td>Understand individual differences in processing and learning styles</td>
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<td>Apply knowledge of learning styles to student practice education processes</td>
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<td></td>
<td>Demonstrate familiarity with learning styles and an understanding of how own</td>
</tr>
<tr>
<td></td>
<td>learning style interacts with other learning styles.</td>
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<tr>
<td>Understand models of practice</td>
<td>Understand a range of models of practice education. E.g. 1:1 model, 1:2 peer learning</td>
</tr>
<tr>
<td>education</td>
<td>model, group etc.</td>
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<tr>
<td></td>
<td>Shows an understanding of teaching styles, such as reflective learning, problem based</td>
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<tr>
<td>Create a positive learning</td>
<td>learning etc.</td>
</tr>
<tr>
<td>environment for students</td>
<td>Structures the placements to optimise student learning while maintaining a quality service</td>
</tr>
<tr>
<td></td>
<td>to clients.</td>
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<td>Uses all available resources to promote the students professional development.</td>
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2. Supervision Competencies

The practice educator demonstrates the ability to:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
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</thead>
<tbody>
<tr>
<td>Educate, monitor and mentor students</td>
<td>Establish and maintain an effective working relationship with the student.</td>
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<td>Present clear performance expectations initially and throughout the placement appropriate to level of practice.</td>
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<td>Organise initial planned learning, goal setting and able to re-evaluate in collaboration with the student.</td>
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<tr>
<td>Identify student competency level, learning goals and supervision needs</td>
<td>Prepare the student as appropriate for clinical practice</td>
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<td>Assess and identify each individual student’s supervision needs.</td>
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<td>Anticipates and prepares student for challenging situations as appropriate.</td>
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<td>Matches students competency levels to direct and indirect clinical demands</td>
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</table>

3. Assessment/Evaluation Competencies

The practice educator demonstrates the ability to:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess the student fairly</td>
<td>Use the student assessment tool accurately to measure student’s performance based on objective information (e.g. direct observation, discussion with student, review of student’s documentation etc.)</td>
</tr>
<tr>
<td>Encourage student development and learning</td>
<td>Involve and encourage the student in self-reflection and self-assessment using formal and informal evaluation sessions. Use evaluation process to counsel student on strengths and opportunities for development.</td>
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## 4. Professional Practice Competencies

The practice educator demonstrates the ability to:

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<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
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</thead>
<tbody>
<tr>
<td>Develop all clinical practice skills of the student.</td>
<td>Assist students in developing and refining clinical practice skills</td>
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<tr>
<td>Facilitate the development of clinical reasoning</td>
<td>Demonstrate strong clinical reasoning. Facilitate effective clinical reasoning in students.</td>
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<tr>
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<td>Guide student integration of theory and practice</td>
</tr>
<tr>
<td></td>
<td>Guide student integration of therapeutic concepts and skills and encourage reflective practice.</td>
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<tr>
<td>Facilitate documentation skills.</td>
<td>Use documentation format and requirements in accordance with local and professional guidelines.</td>
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<td>Demonstrate an ability to train students in use of clinical recording processes</td>
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<tr>
<td>Incorporate legal, ethical and professional issues that influence practice</td>
<td>Implement legal and professional guidelines that influence practice (e.g. confidentiality, role delineation etc.)</td>
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<td>Implement the philosophies, policies, protocols and clinical guidelines of the service provider.</td>
</tr>
<tr>
<td>Adhere to professional practice standards and code of ethics of professional</td>
<td>Deliver service in line with professional standards of practice and professional association.</td>
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<td>association.</td>
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<tr>
<td>Maintain own CPD in the area of practice education</td>
<td>Assume responsibility for and pursue professional development to expand knowledge and skills</td>
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<tr>
<td>Be a model of professional conduct and behaviours.</td>
<td>Demonstrate appropriate professional conduct and behaviour at all times</td>
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5. Management/Administration Competencies

The practice educator demonstrates the ability to:

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<th>Competencies</th>
<th>Indicators of performance</th>
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<tbody>
<tr>
<td>Communicate and collaborate with</td>
<td>Establish effective communication links with the practice education team when appropriate.</td>
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<td>practice education team</td>
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<tr>
<td>Induct student effectively</td>
<td>Provide pre-placement information to facilitate advance student preparation. Provide complete orientation for student to placement site. Inform student of mission, goals, philosophy and standards of organisation/service. Set out an organised and systematic placement program (timetable, scheduled time etc.)</td>
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<tr>
<td>Manage time effectively</td>
<td>Effectively balance own caseload and student learning needs Manage own time efficiently and encourage student in developing time management skills. Complete and distribute in a timely manner all student evaluations including but not limited to the mid/final evaluation</td>
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<tr>
<td>Develop student clinical management</td>
<td>Assist the student in developing and refining clinical management and prioritisation skills.</td>
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<td>and prioritisation skills.</td>
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<tr>
<td>Implement quality improvements</td>
<td>Encourage ongoing evaluations of student placements/education along with practice education team. Modifies placement based on feedback/evaluation</td>
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Role of the practice tutors / regional placement facilitator

To facilitate student learning in a positive learning environment:

- Comprehensively orientate students to the physiotherapy department, hospital environment and student learning resources.
- Liaise with the students to ensure they identify their own placement learning objectives and encourage student self-directed learning timeframe.
- Provide tutorials/case presentations/group and peer learning/practical sessions with students appropriate to their level and consistent with the learning objectives of the students.
- Facilitate effective student learning in terms of assessment, clinical reasoning, treatment techniques, patient management, outcome measures and documentation appropriate to the level of the student.
- Provide ongoing feedback to students about their performance in conjunction with Practice educators.
- If student is experiencing difficulties to liaise with student and practice educator to identify learning needs and formulate an action plan, with regular time tabled feedback.
- Support the student and practice educator appropriately if a student fails the mid-way or final assessment and inform the practice education co-ordinator.

To liaise with the Practice educators with regard to the following:

- To inform the practice educators of placement dates and student numbers prior to placement.
- Link up with clinicians concerning timetabling and content of tutorials.
- Provide advice, support and assistance to the practice educator in the assessment of student performance.
- Provision of support to practice educators, in terms of mentoring and organization of CPD activities related to education and evidence-based practice.
- Perform regular audits and evaluation of clinical placements.
- Liaise with the physiotherapy manager about issues related to clinical education.

To liaise with the Discipline of Physiotherapy with regard to the following:

- Work in partnership with the practice education co-ordinator to ensure optimal clinical learning experience and the development of clinical placements.
- Feedback pertinent matters to the practice education co-ordinator from the clinical site such as particular difficulties experienced by students, or issues related to the provision of placements.
- Ensure attendance at practice tutors and staff meetings.
• Contribute to and attend clinical education workshops and training days organized by the university.
• Link up with the head of the Discipline of Physiotherapy about issues related to clinical placement and curriculum development.
• Participate in organizing and the assessment of student performance.
• Contribute to teaching of clinical education modules and occasional lectures in the academic programme.

Role of the practice education co-ordinator

To prepare students for clinical placement:

• Prepare students for clinical placement by informing them of both the requirements of the university and clinical placement sites.
• Provide students with information relating to clinical placement structure, clinical education assessment, etc.
• Contribute to teaching of specific preparatory clinical induction modules for students at the Discipline of Physiotherapy prior to commencement of clinical education.

To liaise with the Practice tutors with regard to the following:

• Effectiveness of student preparation, the clinical environment and student progress.
• Numbers of clinical placements available and development of clinical placement opportunities.
• Feedback received from students and practice educators

To support practice tutors, regional placement facilitators and practice educators with regard to the following:

• Provide support through mentoring and the organisation of CPD workshops and courses related to clinical education.
• Communicate regularly with practice tutors and regional placement facilitators in relation to changes or updates in clinical education.

To support the Discipline of Physiotherapy and clinical placement sites:

• Assume responsibility for the strategic management of clinical education including the development of placement opportunities and the education of practice educators
• Co-ordinate, arrange and manage clinical placements
• Participate in the quality assurance mechanism of the student learning environment by seeking feedback from students post placement to monitor the learning environment. Use information received to guide improvement of the clinical environment.
• Support and participate in assessing student performance.
• Participate in the development of clinical education curricula with the aim of integrating theory into practice and fostering evidence-based practice in alignment with accreditation standards.
• Contribute to clinical education network with practice education co-ordinators in other regions.
• Deliver lectures in the academic programme when appropriate.
SECTION C: CLINICAL PLACEMENT ORGANISATION

Clinical placements are an essential component of the physiotherapy course providing the focus for the integration of theory and practical skills and development of the clinical reasoning process. Clinical placements are undertaken in a variety of settings reflecting the diversity of work settings available to a qualified physiotherapist.

GENERAL OBJECTIVES

- Provide clinical experience in a variety of clinical settings.
- Provide an environment that allows the student to reinforce and broaden their theoretical knowledge.
- Enable the student to examine and assess patients in the clinical setting.
- Enable the student to identify problems, plan treatment and identify short and long term goals for patients in a wide variety of settings.
- Provide an environment that enables the student to become proficient and confident in the practical application of physiotherapy skills.
- Enable the student to evaluate treatment outcomes and re-evaluate management programmes.
- Enable the student to work within the multi-disciplinary team and understand and appreciate contributions of other health professionals.
- Enable the student to recognise the effects of disability, age, culture and socio-economic status upon individual health status.
- Ensure that the student understands contraindications to and limitations of treatment methods.
- Develop an understanding of disease prevention and health promotion and the physiotherapists’ role in patient education relating to same.
- Enable the student to develop professional attitudes and behaviours.

The Practice Education modules at Trinity College Dublin has six clinical placements of 4 to 6 weeks duration, commencing in the second semester of 2nd year and running through 3rd and 4th years. See placement schedule below.

The placements are structured as follows:

- Practice Education 1 module includes the Preparation for Clinical Practice Course and a 6 week clinical placement at the end of 2nd year (P1).
- Practice Education II module includes Placement 2 & 3 (P2 &P3).
- Practice Education III module includes placements 4, 5 and 6 (P4 and P5).
Table 1: Schedule of Practice Education Modules

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<tr>
<th>Module</th>
<th>Placement Number</th>
<th>Duration</th>
<th>Semester</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Education 1</td>
<td>P1</td>
<td>6 weeks</td>
<td>Semester 2</td>
<td>2nd year</td>
</tr>
<tr>
<td>Practice Education II</td>
<td>P2</td>
<td>5 weeks</td>
<td>Semester 1</td>
<td>3rd year</td>
</tr>
<tr>
<td>Practice Education II</td>
<td>P3</td>
<td>6 weeks</td>
<td>Semester 2</td>
<td>3rd year</td>
</tr>
<tr>
<td>Practice Education III</td>
<td>P4</td>
<td>7 weeks</td>
<td>Semester 1</td>
<td>4th year</td>
</tr>
<tr>
<td>Practice Education III</td>
<td>P5</td>
<td>6 weeks</td>
<td>Semester 2</td>
<td>4th year</td>
</tr>
</tbody>
</table>

The learning outcomes for each of the Practice Education Modules are outlined below:

**Practice Education Modules**

**Practice Education I (5 ECTS)**

**Module Co-ordinator:** Lucy Alpine (Practice education co-ordinator).

**Lecturers:** The practice education team composed of the practice education co-ordinator, the TCD practice tutors and regional placement facilitators.

**Clinical Teachers:** Practice educators based in the clinical sites affiliated with TCD.

**Contact hours**

- 24 hours lectures/workshops, 8 hours practical skills classes and 3 hours online learning
- 210 (P1) hours clinical placement

**Aim**

The module has two components 1) the Preparation for Clinical Practice Course and 2) a five week clinical placement. The overall aim of this module is to introduce students to the practice education component of the course. The preparation for clinical practice component of the module prepares students to understand the structure and nature of clinical placement. It also introduces them the learning skills and practice education documentation which will be completed during placement. The clinical placement component of the module begins the process of integrating theory and practical skills. This module also prepares students to begin to develop physiotherapy assessment and treatment skills in the core areas of physiotherapy practice.

**Learning Outcomes:** Practice Education P1 will offer the student the opportunity to develop and demonstrate:
• Knowledge of the structure and the process of the practice education component of the course.
• An ability to plan a fundamental subjective and objective assessment for a patient with guidance in the core areas of physiotherapy practice.
• The basic skill of analysing the assessment findings and formulating some fundamental treatment options with guidance.
• A fundamental ability to apply physiotherapy assessment and treatment techniques safely with guidance.
• Under guidance, a fundamental ability to evaluate treatment outcomes and a basic understanding of some of the factors that influence outcomes with guidance.
• Under guidance, a fundamental ability to work as a member of a health care team and understand the roles of the members of the multidisciplinary team.
• A fundamental ability to communicate effectively with patients, relatives, colleagues and other members of the multidisciplinary team.
• An ability to formulate an essential database in the core areas of physiotherapy practice and complete POMR format for all patient notes with guidance.
• An elementary appreciation of the Irish health care system in which physiotherapy is delivered.
• A basic knowledge of infection control and safety in the hospital environment.
• An awareness of cultural differences, and how they may impact on patient care and colleagues in the health care setting

COMPONENTS:
• Topics covered in the Introduction to Practice Education Course include: clinical placement structure, learning objectives for each practice education module, the roles of the practice education team, the role of the student during placement, the HEI support systems, grading of clinical placements and the Common Assessment Form, clinical hours, the Practice Education Handbook, student information on the practice education website, case presentations, Guidelines for Good Practice in Practice Education, student CV, the student feedback process, giving and receiving feedback, documentation needed for placement (Five Minute Feedback Form), common problems encountered on placement and supports available, Heart Saver training.
• Introduction to documentation: database collection and S.O.A.P. writing notes.
• Introduction to primary care
• Infection control and prevention on placement including hand washing technique check (online HSELand course).
• Introduction to the role of the multidisciplinary team – case scenario.
• Introduction to reflective practice in the clinical practice including the Undergraduate Learning Portfolio.
• Understanding and developing placement learning objectives
• Introduction to clinical reasoning.
• Independent learning for the clinical setting (Blackboard)
• Cultural diversity in the clinical setting (Blackboard)
• Practical skills workshops.
• Heart Saving Training.
• Five week clinical placement. The first week will be a preparatory week called ‘Foundation Week’ focusing on reflective practice, documentation skills, communication skills and developing an understanding of the role of the physiotherapist as a health professional in the clinical environment.

Methods of Teaching and Student Learning
Teaching is a mix of lectures, practical classes and placement in a Health Service clinical setting supervised by a practice educators, practice tutors or regional placement facilitators.

Methods of Assessment
Continuous Assessment: Clinical practice evaluation of learning outcomes set out by the TCD Common Assessment Form (CAF) Level 1. Clinical competencies are evaluated in the areas of assessment, treatment and management, professionalism, communication, documentation and safety.

Students also submit planned and unplanned learning activities which contribute their Undergraduate Learning Portfolio. These are not marked but feedback is provided.

Evaluation of module
An online survey is sent to students for feedback after clinical placements are completed. The questionnaire requests feedback on areas such as pre-placement information, orientation to the facility, the feedback and assessment process and suggestions for future placement development. The RPF follows up on any relevant issues and completes reports at the end of the year for the Discipline of Physiotherapy and clinical sites.

Practice Education II (20 ECTS)

Module Co-ordinator: Lucy Alpine (Practice education co-ordinator),
Clinical Teachers: Practice educators and the practice education team composed of TCD practice tutors and regional placement facilitators.

Contact hours
385-400 (P2 175 and P3 210) hours clinical placement

Aim
The aim of this module is to progress the students fundamental knowledge and understanding of the physiotherapy assessment process and treatment of patients. Students will have the opportunity to practice and build on clinical skills learned in previous modules. The students develop clinical reasoning skills in the core areas of physiotherapy practice and manage a clinical caseload. Students advance their
understanding of the role of multidisciplinary team. Students’ progress to reduced levels of guidance over the placement.

**Learning Outcomes:** Practice Education II will offer the student the opportunity to develop and demonstrate:

- An ability to formulate and evaluate SMART learning goals appropriate to the clinical environment.
- An ability to plan and apply subjective and objective assessment for a patient with reduced levels of guidance over the placement in the core areas of physiotherapy practice.
- An ability to analysis and apply clinical reasoning to the assessment and reassessment findings in order to plan, prioritise, implement and modify appropriate physiotherapy treatment.
- An ability to apply physiotherapy assessment and treatment techniques safely.
- An ability to evaluate treatment outcomes and understand some of the factors that influence outcomes with guidance.
- An ability to work as a member of a health care team and understand the roles of the members of the multidisciplinary team with guidance.
- An ability to communicate effectively with patients, relatives, colleagues and with guidance to communicate effectively with other members of the multidisciplinary team.
- An ability to formulate a database in the core areas of physiotherapy practice and complete with guidance Patient Orientated Medical Record (POMR) format for all patient notes.
- An appreciation of the Irish health care system in which physiotherapy is delivered.
- An understanding of infection control and safely procedures in the hospital environment.
- An understanding of the ethical, moral and legal issues in relation to physiotherapy practice.

**Clinical Placements**

Clinical placements are undertaken in the core areas of musculoskeletal out-patient care, respiratory care, neurology and/or care of the elderly physiotherapy practice. Clinical placements are undertaken in a variety of settings reflecting the diversity of work settings available to qualified physiotherapist.

**Methods of Teaching and Student Learning**

Teaching and learning takes place in a Health Service clinical setting supervised by a practice educator, practice tutors or regional placement facilitator. It involves mainly patient contact and may include clinical tutorials, inter professional learning, case presentation, observation, attending appropriate learning experiences e.g. surgery in theatre, out-patient clinics, respiratory laboratory etc.
Methods of Assessment
Continuous Assessment: Clinical practice evaluation of learning outcomes set out by the TCD Common Assessment Form (CAF) Level 2. Clinical competencies are evaluated in the areas of assessment, treatment and management, professionalism, communication, documentation and safety. Students also submit planned and unplanned learning activities which contribute to their Undergraduate Learning Portfolio. These are not marked but feedback is provided.

Evaluation of module
An online survey is sent to students for feedback after clinical placements are completed. The questionnaire requests feedback on areas such as pre-placement information, orientation to the facility, the feedback and assessment process and suggestions for future placement development. The RPF follows up on any relevant issues and completes reports at the end of the year for the Discipline of Physiotherapy and clinical sites.

Practice Education III (20 ECTS)

Module Co-ordinator: Lucy Alpine (Practice education co-ordinator).
Clinical teachers: Practice educators based in clinical sites affiliated with TCD and TCD practice tutors and regional placement facilitators.

Contact hours
455 (P4 245 and P5 210) hours clinical placement

Aim
The aim of this module is to progress the integration of theory and practical skills into the clinical setting, allowing the development of critical thinking skills, communication skills and professional practice. It provided the student with an opportunity to continue to build on managing a clinical caseload and enables them to develop core competencies in the area of clinical placement. Students’ progress to reduced levels of guidance over the placement.

Learning outcomes:
Practice Education III involves clinical placement in the area of physiotherapy practice and will offer the student the opportunity to develop and demonstrate:

- An ability to reflect successfully, both on practice and learning in order to identify personal, professional and therapeutic goals within a context of lifelong learning
- Physiotherapy assessment and treatment techniques that are safe, effective and relevant to the area taking account of the patient’s physical, psychological, social and cultural needs
- A clear ability to apply problem solving and clinical reasoning skills to the assessment and reassessment findings in order to plan, prioritise, implement and modify appropriate physiotherapy.
- Application of condition specific appropriate treatment outcomes and understanding of the factors that influence outcomes including age, race,
psychological and socioeconomic factors

- Effective participation as a member of a health care team based on the understanding of individual and team-working practices and the role of the team members
- Effective participation in the holistic patient management of the patient within the health care team and understanding of preventative measures that can lessen the incidence and/or severity of disease
- Timely, confident, safe and effective communication skills as a professional with patients, relatives, patient carers and colleagues
- An ability to document clear, concise, legible POMR
- An good appreciation of the complexities of the health care system in which physiotherapy is delivered
- The application of clinical practice based on research evidence and best practice
- An integrated understanding of the ethical, moral and legal issues in relation to physiotherapy practice

Clinical Placements

Clinical placements are undertaken in the core areas of musculoskeletal out-patient care, respiratory care, neurology and/or care of the elderly physiotherapy practice. Clinical placements are undertaken in a variety of settings reflecting the diversity of work settings available to qualified physiotherapist.

Methods of Teaching and Student Learning

Teaching is carried out in the clinical setting supervised by a qualified physiotherapist and/or college tutor. It may involve a variety of teaching methods including patient teaching sessions, tutorials, case presentations, practical skills practice, attending surgery, respiratory labs etc.

Methods of Assessment

Continuous Assessment: Clinical practice evaluation of learning outcomes set out by the TCD Common Assessment Form (CAF) Level 3. Clinical competencies are evaluated in the areas of assessment, treatment and management, professionalism, communication, documentation and safety. Placement 4 is scored on a pass/fail basis.

Formative Clinical Examination: A Final Patient Assessment is a single clinical examination of a student assessing a new patient or assessing and treating a patient in the clinical setting. It takes place during placement 4 or 5 in 4th year. A member of the staff involved in student education (lecturers, the practice education co-ordinator, practice tutors, regional placement facilitators) for the Discipline of Physiotherapy plus one other will carry out the examination. The second examiner is a member of the staff involved in student education or a qualified practising physiotherapist in the relevant area.

Students complete planned and unplanned learning activities which contributes to their Undergraduate Learning Portfolio. These are not marked but feedback is given.
Evaluation
An online survey is sent to students for feedback after clinical placements are completed. The questionnaire requests feedback on areas such as pre-placement information, orientation to the facility, the feedback and assessment process and suggestions for future placement development. The RPF follows up on any relevant issues and completes reports at the end of the year for the Discipline of Physiotherapy and clinical sites.
CLINICAL SITES

Clinical placement takes place in a wide variety of clinical settings. The Discipline of Physiotherapy collaborates with two large teaching hospitals in Dublin: St. James’s Hospital (SJH) and Tallaght University Hospital (TUH). Other clinical teaching sites include a number of smaller hospitals, specialist treatment centres, primary care and community based units, schools and day care facilities among others. Clinical placements outside Co. Dublin include: the Midland Regional Hospitals in Tullamore (MRHT) and Mullingar (MRHM), Cavan / Monaghan Hospitals and a number of primary care services mainly in Dublin South and West. All frequently used clinical placement sites are listed in the pre-placement information on our website medicine.tcd.ie/physiotherapy and see Appendix VIII for core placement sites.

Practice educators supervise and facilitate student education in the clinical setting. Practice educators supervising clinical placements have a strong clinical knowledge or may be experts in their field and are generally the main educators during clinical placements. Students should be aware that clinical teaching for a practice educator is in addition to a normal busy workload. In some of the larger clinical sites dedicated practice tutors support students and practice educators. Many clinical sites do not have dedicated on site practice tutors, these sites are supported by regional placement facilitators, the practice education co-ordinator or the other university staff who visits the clinical site for tutorials and/or meetings with the student and educator. The frequency of these visits depends on the needs of the student and the Practice educator.

Student Placement Allocation

The practice education co-ordinator is responsible for arranging all clinical placements. Students are not allowed to arrange their own placement in a core clinical placement site named in the pre-placement information. Erasmus placement are negotiated through the Discipline of Physiotherapy Erasmus Co-ordinator.

All students must be available to go on placement outside of Co. Dublin at least once during the Practice Education Modules. A change in placement will only be accommodated if a student can demonstrate special circumstances that warrant a change. Students must inform the practice education co-ordinator as soon as you are aware of special circumstances that preclude them from a specific placement allocation. Students are generally required to make a case to their college tutor who will then make representations on behalf of the student to the practice education co-ordinator for consideration. The Head of Discipline may be consulted if required.

NB If a student is aware of circumstances that preclude them from a placement outside of Dublin they are required to contact the PEC where possible at least 3 - 4 months in advance of the commencement date of the next placement. The placement allocation lists go to the clinical sites for confirmation at least three months in advance of placement starting and students generally receive the confirmed list four weeks in advance of placement starting.
NB The placement allocation list can and often will change even after all placements are confirmed and the list has been provided to the students. If one student’s placement is changed or swapped due to the late receipt of relevant information by the practice education co-ordinator all students should be available for an alternative placement. Exceptions can be only be made for students who have already made a case to the practice education co-ordinator with valid reason for not being swapped. Although commitments to TCD sports, charitable activities or other events may be taken into consideration when allocating students to placement, it is not possible to accommodate all student requests when organising the placement lists and ensuring core placements are provided.

NB Students are advised not to commit in advance to paid courses or participation in specific groups during placement time until placement commences, as students placement allocation may change even as late as the week before placement. Holidays may not be taken during placement as this is a work-based placement with a commitment to the clinical sites and the physiotherapy team that the student will be working with. A written professional warning may be given to the student in the CAF if this rule is breached.

Study Time During Placement.

Students need to plan time for evening reading, revision, research on patient conditions, preparation of presentations or practicing practical techniques with colleagues etc. These activities may be required to be completed outside of placement hours as the majority of clinical time on site is recommended to be with patients (WCPT). Please be aware that as this is a work-based placement many students may find it tiring as it is generally a 7 – 8 hour day. Students should plan for adequate rest time in the evenings and at weekends to ensure they can give their maximum effort to engaging with the clinical learning experience.

Supervision Models and Confirmation of Placement Allocation

The practice education co-ordinator aims to provide confirmation of clinical placements to the students 4 weeks in advance of their placement. However confirmation from some sites may not be available until closer to the placement date. Cancellation of a placement at short notice may occur due to unforeseen circumstances. If this occurs the placement allocation list may change. Students will be contacted by email/telephone to inform them of any changes in site allocation. A change in one placement may have an effect on other student’s allocation and in some cases more than one placement allocation may have to be changed. Details of individual clinical placement sites are available at http://www.medicine.tcd.ie/physiotherapy/clinical education. All students are required to participate in a variety of supervision models facilitated by the placement providers for example 1:1 (one student with one educator), 2:1 (two students with one educator), 3:1, 1.2 supervision models.
CLINICAL HOURS REQUIREMENTS

In accordance with the ISCP/ WCPT guidelines physiotherapy students must carry out 1000 clinical hours with a recommendation that 90% of this time to be spent in patient contact. During clinical placement students it is mandatory to attend on a daily basis. All students must successfully complete a minimum of 1000 hours in clinical practice before they can receive their final degree. A number of extra hours over and above 1000 are scheduled on clinical placement. Students are expected to complete 80% of each clinical placement. If 1000 hours have not been completed due to sickness or other reasons students must make up the hours during in the summer after the final examinations or at another appropriate time. Arrangements should be made with the practice education co-ordinator. Students are advised to keep an on-going record of their clinical hours so that they are aware if there is a deficit in hours completed.

Clinical hours should be recorded on the ‘Record of Clinical Hours Completed Form’ in the CAF. It is the students’ responsibility to ensure the hours are recorded accurately on this form and checked before it is returned to the practice education co-ordinator. The Discipline of Physiotherapy requires this form to be signed at the end of placement by the practice educator/practice tutor to verify hours attended during placement. The practice education co-ordinator also keeps a record of all student hours completed.

Throughout the course students will complete a total of 30 weeks of clinical placement. Approximately 7 hours should be spent each day on placement, with an average of 35 hours completed per week. Some placements sites may be able to offer additional hours of placement. When recording placement time in the Record of Clinical Hours Completed sheet in the CAF only time units of 30 minutes are accepted e.g. 25.5 hours is acceptable. However, 25.25 hours is recorded as 25 hours and 25.75 as 25.5 hours. Lunch break is excluded.

CORE PLACEMENTS

The Discipline of Physiotherapy provides placements in the following core areas of practice:

- Respiratory
- Neurology or Age Related Healthcare
- Musculoskeletal

Although every effort is made to ensure all students complete their core placements, the Discipline of Physiotherapy reserves the right to place all students where and when it finds necessary in order to meet the needs of the course. Clinical placements are limited and subject to availability. Students are required to record any core hours of practice that occurs for all placements on the CAF ‘Clinical Experience Profile’ (page 3) to ensure any additional practice hours undertaken in non-core placement is recorded.
Students may also be allocated to placement in the following areas:

- Paediatrics
- Cardiac Surgery and Rehabilitation
- Primary, Community and Continuing Care (PCCC)
- Exercise Rehabilitation in Weight Management
- Burns and Plastics
- Amputees
- Rheumatology
- Spinal Injuries
- Adult or Child Intellectual Disability

Updated information is available at
www.medicine.tcd.ie/physiotherapy/clinical_education

PREPARATION FOR CLINICAL PRACTICE

During the second semester of 2\textsuperscript{nd} year students complete a ‘Preparation for Clinical Practice’ course and a five week clinical placement (P1) as part of the Practice Education I Module. The first week of placement is a ‘Foundation Week’, which serves as an introduction to the clinical environment and as a time to begin to develop some fundamental skills for clinical placement. These skills include an understanding of the role of the physiotherapist, becoming familiar with documenting a database, practicing risk assessments, fundamental patient moving and handling skills and begin to develop communication skills with patients/clients and members of the MDT.

Students will be assigned to one or more supervising physiotherapists (practice educators) while on placement. As part of the ‘Foundation Week’ students will be asked to achieve a list of tasks/skills which are listed on the ‘Foundation Week Placement 1’ form. Evidence of participation in the ‘Foundation Week’ of placement will contribute to part of the mid-way CAF assessment. Before commencing P1 all students must read the pre-placement information provided by the clinical sites and prepare for the placement as required. Work, sporting and external commitments are not valid reasons for not having completed necessary preparatory and on-going work for clinical placement.

All students must bring their uniform and name badge to the placement site every day. Uniforms (as per the Discipline of Physiotherapy uniform policy) and name badges must be worn at all time during clinical placement. If student do not have their correct uniform or name badges they may not be allowed to participate in clinical placement. Some clinical sites have a site specific uniform policy agreed with the Discipline of Physiotherapy and replaces the regular policy. Please see pre-placement information for individual sites.

See Appendix I & II for contact details for practice tutors and individual sites.
STUDENT FEEDBACK PROCESS

At the end of each placement students are sent an online questionnaire asking about their placement experiences. The questionnaire requests feedback on areas such as pre-placement information, orientation to the facility, the feedback and assessment process and suggestions for future placement development. Once all of the questionnaires are received they are reviewed by the Regional Placement Facilitator (Dr Emer Barrett) and the following process is put in place.

During each Semester the practice education co-ordinator meets the class or class representative and issues relating to practice education can be discussed. Class representatives may also be invited to participate at practice education team meetings. Following discussion and agreement any appropriate follow-up action is taken.
Section D: Generic Placement Learning Objectives

The following are general learning objectives which have been developed for respiratory, neurology/care of the older person and musculoskeletal out-patient placements. The actual location/site of student placement will determine the specific objectives set, as will the students range of experience. Objectives should be SMART (specific, measurable, achievable, realistic and timely), outline what actions needs to be taken in order to achieve placement objectives and record successes and/or difficulties encountered. It is imperative that learning objectives are regularly reviewed while on placement to ensure students meet them, as agreed between the student and the practice educator (PE) and/or practice tutors (PT). Review of areas for development from previous placements is useful when planning placement objectives.

CORE OBJECTIVES

CLINICAL

1. To become competent in patient assessment

Suggested Actions:

- Apply appropriate skills in the subjective and objective examination and assessment of patients within a reasonable time frame e.g. one hour
- Discussion of Assessment findings with PE/PT and peers
- Reflection on Assessment findings and feedback
- Shadow of supervisors/qualified therapists in their assessments
- Expansion of knowledge base
- Use of appropriate outcome measures/scales relevant to the individual patient, which can be reassessed and are sensitive to change
- Discuss the rationale for and demonstrate the application of commonly used tests and treatments showing a logical sequence of thought processes
- Identify the possible sources of symptoms and plan the management based on sound clinical reasoning
- Demonstrate appropriate, safe and effective handling skills
- Use appropriate sources of information e.g.: x-rays, medical notes etc. to assist in the assessment process
- Gather information in a logical systematic method
- Investigate the differential diagnosis in your objective examination to reach a working diagnosis

2. To develop clinical reasoning skills

Suggested Actions:

- Appropriate data collection, documentation and interpretation
- Interpret and evaluate the assessment findings to formulate an appropriate problem list, identify a treatment plan and set realistic and functional goals.
- Interpretation of radiographic films/ other tests and investigations
- Draw on background theoretical knowledge
• Reflective Practice
• Problem solving with peers/PTs/PEs
• Analyse the main findings from subjective examination to formulate a differential diagnosis
• Investigation of differential diagnosis in your objective examination to reach a working diagnosis
• Formulation of concise problem lists and appropriate treatment plans
• Case presentations: preparation and delivery

3. To develop competent treatment skills

Suggested Actions:

• Observation/shadow of supervising therapists
• Skills practice with peers/PTs/PEs
• Feedback sessions/patient workshops
• Supervised clinical skills with patients (one-to-one and group setting)
• Attend in-service training/tutorials
• Integrate current research into clinical practice
• Safely implement manual handling skills with patients
• Prescription and progression of appropriate exercise regimes
• Safely and effectively demonstrate and teach a variety of home exercise programmes (HEPs)

4. To avail of local learning opportunities

Suggested Actions:

• Attend in-service training
• Attend tutorials
• Shadow basic grades/seniors
• Attend operating theatre as appropriate
• Attend occupational therapy and other allied health professional services as appropriate
• Attend clinics/hospital programmes
• Attend and be involved in exercise classes

5. Other skills

Suggested Actions:

• Use appropriate outcome measures to determine progress and modify the intervention as required
• To plan an effective HEP and educate the patient in its implementation
• To improve skills in managing a caseload scheduling appointments, time keeping, referral onto other members of the multidisciplinary team
COMMUNICATION

To be able to communicate effectively with the patient, family/carers, multidisciplinary team (MDT) and colleagues

Suggested Actions:

- Observation of qualified therapists
- Communication with patients (verbal and non-verbal)
- Communication and education of patients, using a variety of available communication tools appropriate to their needs
- Participation in family/carer education demonstrating an ability to apply listening skills and impart information with an appropriate level of confidence
- Communication with and exchange of ideas with staff (verbal/bleep system/email/one-to-one/etc.)
- Non-verbal written communication (medical charts, PT charts, patient instructions/HEPs/transfer letters and phone calls)
- Liaising with other services (internal and external) as appropriate
- Develop an understanding of the multidisciplinary management approach by participating in conferences and other team meetings, feeding back to the MDT on patient’s progression and discussing multidisciplinary goals
- To present a case study at the end of placement, demonstrating an ability to reflect on the problem solving process applied to a particular patient while on placement. To be able to present with confidence and clarity of speech, to be able to answer questions related to the presentation and to show evidence of preparation for presentation.

DOCUMENTATION

To Accurately Document Clinical Findings and Treatments

Suggested Actions:

- Complete a database retrieving relevant information from all appropriate sources
- Reading of qualified therapist’s documentation
- Practice of documentation of own notes in SOAP format
- Actively seeking feedback from PE/PT to ensure standards maintained
- Awareness and use of accepted abbreviated terms and symbols
- Awareness of medico legal requirements
- Practice of transfer letters, discharge summaries and community referral forms
- Making referrals as appropriate to other multidisciplinary members
- To adhere to all legal and departmental requirements regarding documentation
- To accurately record all patient information showing evidence of clinical reasoning
- Record clear, concise but thorough, legible notes using appropriate abbreviations in the format adopted by the individual services (SOAP notes or other)
- To document an appropriate treatment plan and intervention strategy based on clinical findings and to document goals that are specific, measurable, achievable, realistic and timed.
PROFESSIONAL

To Demonstrate an Appreciation of the Importance of Professional Conduct during Clinical Placement

Suggested Actions:

- Refer to ISCP Rules of Professional Conduct
- Maintain a professional standard of dress and behaviour
- To demonstrate the ability to be a professional member of the team
- To demonstrate adequate preparation for the placement, by identifying learning needs, setting learning objectives, completing pre-placement reading and being adequately prepared for all tutorials and practical sessions.
- To demonstrate initiative, a willingness to learn and the ability to accept feedback and to act on it
- To adhere to all departmental and university policies and procedures, and to apply professional behaviours and attitudes at all times
- To demonstrate an awareness of limitations and seek support
- To recognise the need to work in a team environment, demonstrating an ability to prioritise and recognise needs of colleagues
- To participate in departmental in-service training programme

SAFETY

To Practice in a manner which in no way compromises the Safety of the Patient, Self or Colleague

Suggested Actions:

- Awareness of Health and Safety policy
- Awareness of Infection Control policy
- Adherence to Manual Handling guidelines in all practice
- Awareness of any contra-indications and dangers/precautions to treatment
- Awareness of protocols
- Explanation and check understanding prior to treatment
- Appropriate preparation of patient, self and environment prior to treatment
- Safe application of treatment
- Safe patient handling
- Care for the equipment and report any malfunction/breakage to the PT/PE immediately

SUGGESTED LEARNING OBJECTIVES FOR SPECIFIC PLACEMENTS

1. OUT-PATIENTS PLACEMENT

Clinical Skills Musculoskeletal

- Joint range of movement (Active and Passive) – Goniometry
- Muscle Power testing – Oxford Scale
• Neurological Assessment- Upper limb (UL), Lower limb (LL)
• Neural Tissue Provocation Testing
• Gait Analysis/Posture and Gait re-education
• Special tests
• Articular and soft tissue structure palpation
• Passive accessory and physiological mobility tests
• Muscle strength and length tests
• Neurodynamic testing
• Functional Assessment
• Outcome Measures re: pain/function/mobility/balance
• Exercise Therapy (prescription and progression) - Physio tools
• Manual Therapy
• Taping techniques
• Electrotherapy modalities- Ultrasound, Interferential, TENS, SWD
• Application of braces – Donjoy, Taylor, Futura, Serola belt
• Prescription of safe technique in use of walking aids- frame, crutches, stick
• X-ray film view and interpretation, report access

Other goals Musculoskeletal Out-Patients
• To develop skills in communication, assessment and treatment of patients with a wide variety of musculoskeletal disorders
• To perform a spinal assessment
• To identify patients suitable for other locally available forms of intervention, e.g. hydrotherapy, pain management programme, exercise classes etc...
• To practice with peers e.g. skills in manual therapy, electrotherapy, exercise therapy, taping, neurodynamics
• To discuss the rationale for and demonstrate the application of commonly used clinical tests and how to identify danger signs i.e. red and yellow flags and appreciate the importance of same
• Background theoretical knowledge, e.g. orthopaedic procedures, soft tissue healing, disease processes, fracture management etc.
• Prescription and progression of appropriate exercise regimes
• Safely and effectively demonstrate and teach a variety of home exercise programmes including strengthening, stretching, mobilising exercises, balance and gait re-education
• Be able to apply variety of braces, showing an understanding of their clinical use
• Attend clinics/ hospital programmes e.g. Fracture Clinic, Back Pain Screening Clinic, hydrotherapy, rheumatology clinic, Women’s health clinic, etc.
• Attend and be involved in/ if possible lead an exercise classes e.g. general exercise class, stability class, relaxation class

2. ORTHOPAEDICS PLACEMENT

Clinical skills Orthopaedics
• Joint ROM (Active and Passive) – Goniometry
• Muscle Power testing – Oxford Scale
• Neurological Assessment UL/LL
• Gait Analysis
• Functional Assessment
• Outcome measures re: mobility/function/balance/pain
• Exercise Therapy (prescription and progression) – Physio Tools
• Use of appliances – CPM, sling suspension, hoist, standing frame, ergonomic devices e.g. philislide
• Application of braces – Donjoy, Taylor
• Mobilisation of patient Day 1 post orthopaedic procedure out of bed
• Posture and Gait re-education
• Prescription of safe technique in use of walking aids – frame, crutches, stick
• Safe negotiation of patient up/down stairs using crutches/stick
• X-ray film view and interpretation, report access

Other goals Orthopaedics
• Interpretation of radiographic films/ other tests and investigations
• Background theoretical knowledge, e.g. orthopaedic procedures
• Be able to apply variety of braces, showing an understanding of their clinical use
• Prescription and progression of appropriate exercise regimes
• Safely and effectively demonstrate and teach a variety of HEPs including strengthening, stretching, mobilising exercises, balance and gait re-education
• Safely and effectively demonstrate and teach the use of walking aids, transfers, balance, gait and functional re-education
• Attend operating theatre
• Attend occupational therapy hip class
• Attend clinics/ hospital programmes e.g. Fracture Clinic, Ilizarov Clinic, etc.
• Awareness of contra-indications to treatment/mobilisation
• Awareness of protocols/ weight-bearing status

3. RESPIRATORY PLACEMENT

Demonstrate a Basic Understanding of
• Possible expected signs and symptoms for the Medical and Surgical Patient with chest complications
• The implications of Chest x-ray (CXR) Findings
• Auscultation
• O₂ Therapy
• Arterial blood gases
• Pulmonary function tests
• Pathophysiology of common Medical Respiratory Conditions
• Post-Operative Lung Physiology
• Post-Operative Risk Factors
• Pain Management
• Exercise Testing
• Drugs commonly used
• Working with Tracheostomy patients

Clinical Skills Respiratory

Demonstrate safe and effective application of clinical techniques with modification where necessary
• O₂ Therapy
• Positioning
• Active cycle of breathing techniques (ACBT)
- Breathing Control
- Forced expiration technique (FET) and effective cough +/- wound support
- Percussion and Vibration
- Promotion of Exercise
- Promotion of Thoracic Mobility

**If Appropriate:**
- Suction
- Continuous Positive Airway Pressure (CPAP) and Bi-level Positive Airway Pressure (BIPAP)
- Manual hyperinflation (MHI)

**Other Objectives Respiratory**
- Carry out an appropriate assessment of a patient with a Cardio-Respiratory disorder
- Accurately interpret the results of the Physiotherapeutic assessment and other tests.
- Demonstrate a problem solving approach to patient management
- Plan and implement an appropriate physiotherapeutic management programme
- Progress physiotherapeutic management according to individual needs
- Appreciate the psycho-social factors that influence patient management and discharge planning
- Evaluate the results of and effectively modify management programme using appropriate outcome measures where indicated.
- Accurately record assessment findings and treatment results
- Gain an appreciation of the Role of the MDT
- Using your time effectively, carry an appropriate caseload of patients according to your level
- Where possible, be involved in ongoing education on your placement site i.e. in-services, CXR conferences, case studies, article reviews

**Intensive Care (ICU) Core Objectives**
- Understand the importance of and need for routine procedures within the unit. ECG
- Patient Monitoring and Preventing Cross infection
- Be able to complete a physiotherapeutic ICU database encompassing the different body systems
- Be able to complete a respiratory and musculoskeletal assessment of the ICU patient
- Understand the implications of abnormal findings of results of tests, CXRs and observations
- Demonstrate an awareness and understanding of monitoring and support systems
- Demonstrate an awareness of the different methods of ventilation
- Demonstrate safety at all times with knowledge about and consideration for lines, drips, drains and attachments.
- Implement an appropriate management programme utilising a clinical reasoning approach.

**Clinical Skills ICU**

Demonstrate safe and effective application of clinical techniques with modification where necessary
- O₂ Therapy
- Positioning
- ACBT
- Breathing Control
- FET and effective cough +/- wound support
- Percussion and Vibration
- Promotion of Exercise
- Promotion of Thoracic Mobility
- Suction
- BIPAP/ CPAP
- MHI

Other goals ICU
- Evaluate and reflect on the intervention outcomes
- Justify the choice of physiotherapeutic managements
- Understand the role of the MDT in ICU
- Understand the role of the physiotherapist in ICU/ Coronary Care Unit (CCU)/ High Dependency Unit (HDU)
- Demonstrate effective organisational and management skills

Cardiac rehab/cardiothoracic placement

Demonstrate a Basic Understanding of
- Ischaemic Heart disease
- Myocardial Infarction (MI)
- Coronary Artery Bypass Graft (CABG)
- Angioplasty/ Cardiac Stent
- Valve Repair
- Thoracic Surgery: Lobectomy, Pnemonectomy, Pleurectomy
- Stable/ Unstable Angina
- Sternal Wound Infection
- Pre-op and Post-op protocols in use in your area
- Haemodynamic monitoring such as Heart Rate, Pulse Oximetry, Blood Pressure, Central Venous Pressure, Electrocardiograph (ECG), Cardiac Pacing, Swan Ganz,
- Cardiac investigations such as Angiogram, Echocardiogram (ECHO), Trans-oesophageal echo (TOE), Trans-thoracic echo (TTE)
- Understand the different phases of Cardiac Rehabilitation
- The role of exercise in chronic heart failure, post MI and post cardiac surgery.

Clinical techniques

Demonstrate safe and effective application of clinical techniques with modification where necessary
- Exercise Prescription for different patient populations
- Monitoring of Exercise Intensity
- Relaxation Techniques
- Warm up and Cool down principles.
- Correct use of glyceryl trinitrate (GTN) spray
- Flexibility Training in Cardiac Rehab
- Resistance Training in Cardiac Rehab
Other objectives for a cardiac rehab/cardio-thoracic placement

- If possible, aim to lead part of/one of the cardiac rehabilitation classes.
- Independently manage a cardiac/ thoracic surgical patient from admission to discharge.

4. NEUROLOGY/CARE OF THE OLDER PERSON PLACEMENT

Core Objectives

On completion of this placement the student will be able to:

- Have the skills necessary to gather appropriate information and complete a full neurological assessment by the end of week 2 of placement.
- Be able to interpret those findings to the satisfaction of practice tutors/educator and to devise an appropriate treatment plan with realistic short and long-term goals based on the problem list by week 3.
- Have a solid understanding of the main conditions and the pathological processes involved in the neurological conditions encountered throughout the placement
- Plan and implement a safe and effective treatment programme and be able to evaluate the effectiveness of the treatment programme and demonstrate the ability to modify it accordingly by week 3-4.

Advance learning objectives for further placements in neurology and care of the older person:

- To have the opportunity to develop further skills in treatment strategies for neurological conditions.
- To become an active member of the multidisciplinary team to optimise patient management in a holistic manner by week 3.
- To be self-directed in treatment and management of neurological patients by week 3-4.

Spinal Cord Injury Placement

Demonstrate a basic understanding of:

- Quadraplegia and Paraplegia, Complete Spinal cord injury (SCI) and Incomplete SCI
- Surgical and Conservative Management of SCI
- Complications of SCI e.g. Autonomic Dysreflexia, Heterotrophic Ossification
- “Normal movement principles” and “Postural control”
- The principles of splinting and the importance of positioning and maintaining range

Core objectives Spinal Injury Placement

- Apply a problem solving approach to assessment; from chart review to generation of a problem list, formulation of a treatment plan and application of outcome measures relevant to the spinal level of complete / incompleteness
- To be competent in assessing myotomes and dermatomes
- To be skilled in observation skills for movement analysis
- Demonstrate a problem solving approach to the management of patients with spinal cord injury.
- Demonstrate appropriate handling for facilitation and transferring of patients of all levels, complete or incomplete
To be able to apply the principles of Sling suspension
To have a range of tools to address balance and co-ordination
To be able to apply normal movement principles in the management of spinal cord injury patients
To be able to apply a working knowledge of “levels of lesion in complete SCI” and “proposed functional ability” in order to set goals for these patients
To understand the principles of central pattern generators and be able to apply in treatment.
- To experience a patient in the Locomat and understand the principles of its use.
Demonstrate an understanding of positioning for pressure sore, joint range and spasticity management
To be able to communicate effectively with patients, colleagues, MDT and family
To work as part of the spinal team, in liaison with supervisors and colleagues
To attend spinal conferences and discuss patient progress and goals with the multidisciplinary team
To actively participate in physiotherapy goal planning for the SCI service
To be able to assist in the discharge planning for patients:
To have an understanding of the equipment and discharge needs of the spinal cord injury population.
To have a basic understanding of considerations for wheelchair prescription.
To be able to generate a home exercise programme for a patient

Acquired Brain Injury Placement:

Demonstrate a basic understanding of:

- The pathological process involved in the neurological conditions being treated
- “Normal movement principles” and “Postural control”
- The importance of appropriate alignment for recruitment of activity
- Appropriate Seating and Positioning for postural alignment, pressure sore management, preventing contractures and spasticity management
- The principles of splinting and the importance of positioning and maintaining range

Core objectives Acquired Brain Injury Placement

- Apply a problem solving approach to assessment; from chart review to generation of a problem list, formulation of a treatment plan and application of outcome measures relevant to the Brain injury population
- To be skilled in observation skills for movement analysis
- To be able to draw from a range of appropriate outcome measures
- Demonstrate a problem solving approach to the management of patients with Acquired Brain Injury.
- To be able to apply normal movement principles in the management of brain injury patients
- Demonstrate appropriate and safe handling for transferring of patients of all levels of complexity
- Demonstrate handling for facilitation of appropriate functional activity
- To be able to safely and effectively implement and evaluate a treatment programme, and modify appropriately
- To have a range of tools to address balance and co-ordination
• To understand the principles of central pattern generators and be able to apply in gait re-education.
• To experience a patient in the Locomat and understand the principles of its use.
• To be able to communicate effectively with patients, colleagues, MDT and family
• To work as part of the brain injury team, in liaison with supervisors and colleagues
• To attend brain injury conferences and discuss patient progress and goals with the multidisciplinary team
• To actively participate in physiotherapy goal planning for the brain injury service
• To be an active participant in fortnightly journal club
• To be able to assist in the discharge planning for patients:
• To have an understanding of the equipment and discharge needs of the brain injury population.
• To have a basic understanding of considerations for wheelchair prescription.
• To be able to generate a home exercise programme for a patient in your care
• To be able to refer patients to follow up services as appropriate.

5. PAEDIATRICS

Core Objectives
• To engage and interact with a child new to the student and reflect on the method used.
• To use play to obtain co-operation and maintain interest of a child (placement ii-vi). Justify the play selected (placement v-vi)
• To communicate (under guidance placement ii-iv)(with decreasing guidance placement v-vi), a specific task to children that have speech and comprehension, are non-verbal or have a learning disability in order that they either perform the task correctly or co-operate as fully as possible.
• To evaluate and reflect on the intervention outcomes (placement ii-vi)
• To justify the choice of physiotherapeutic managements (placement v-vi).
• To teach the carer an exercise programme, therapeutic handling manoeuvre or explain a treatment rationale. (under guidance placement ii-iv) (independently placement v-vi) Reflect on the success of the session.
• To understand the roles of the other members of the MDT.
• To inform MDT of the child’s progress (under guidance placement ii-iv). Send appropriate reports, discharge letters and onward referral (placement v-vi)
• To demonstrate safe therapeutic handling of a variety of children (placement ii-iv) of increasing complexity (placement v-vi).
• Manage a child with cognisance of the varying developmental milestones (placement ii-vi). Reflect on the clinical practice (placement v-vi).

Paediatric Respiratory:

Demonstrate a Basic Understanding of
• Anatomical and physiological differences between adults and paediatrics
• Normal paediatric vital signs and values
• Paediatric indications and contraindications for treatment.
• Commonly encountered conditions – e.g.: CF, cardiac conditions, pneumonia, bronchiolitis, empyema
• Possible expected signs and symptoms for the Medical and Surgical Patient with chest complications
• The implications of CXR Findings
• Auscultation
• Positioning
• O₂ Therapy
• ABGs
• PFTs
• Pathophysiology of common Medical Respiratory Conditions
• Post-Operative Risk Factors
• Pain Management
• Exercise Testing – 6 minute walk test, shuttle test, BORG scale.
• Paediatric drugs commonly used (respiratory / cardiac / CF)
• Working with paediatric tracheostomy patient

**Paediatric Cardio-Thoracic Placement**

**Demonstrate a Basic Understanding of**
• The Normal Heart
• Congenital Heart Disease – Cyanotic Lesions, Acyanotic Lesions
• Incisions – Sternotomy, thoracotomy
• Thoracic Sx: Lobectomy, Pnemonectomy,Pleurectomy
• Haemodynamic monitoring such as HR, Pulse Oximetry, BP, CVP, ECG, Cardiac Pacing.
• Cardiac investigations such as ECHO / Cardic Cath
• The role of exercise post paediatric cardiac surgery.

**Clinical Skills Paediatric Respiratory / ICU**
• Demonstrate safe and effective application of clinical techniques with modification where necessary
• Auscultation
• O₂ Therapy
• Positioning
• ACBT
• Breathing Control
• FET and effective cough +/- wound support
• Percussion and Vibration
• PEP devices – PEP mask, flutter, acapella, bubble PEP.
• Promotion of age appropriate exercise
• Promotion of Thoracic Mobility
• Monitoring Exercise Intensity
• Relaxation Techniques

**If Appropriate:**
• Paediatric Suction
• CPAP and BIPAP
• Paediatric MHI

**Paediatric ICU Core Objectives**
• To complete a Paediatric Physiotherapy ICU Database including detailed surgery notes.
• To complete a Paediatric Respiratory ICU assessment.
To understand the implications of abnormal findings of results of tests, CXRs and observations
To demonstrate an awareness and understanding of monitoring and support systems
To demonstrate an awareness of the different methods of ventilation
To demonstrate safety at all times with knowledge about and consideration for lines, drips, drains and attachments.
To implement an appropriate treatment plan utilising a clinical reasoning approach.

(Paediatric Burns and Plastics Placement)

Demonstrate a Basic Understanding of:
- The skin and healing.
- Burn pathophysiology
- Burn care
- Hand anatomy.

Paediatric Burns and Plastics Core Objectives
- To perform a burns assessment
- To be knowledgeable about different types of burns, different types of grafts and types of dressings
- To perform appropriate paediatrics burns rehabilitation
- To perform a hand assessment
- To be knowledgeable about tendon protocols (Belfast regime)
- To perform appropriate paediatric plastics / repairs rehabilitation
- To attend dressing clinic, burns clinic, OT jobst clinic

(Clinical Skills Paediatric Burns and Plastics)
- Joint ROM (Active and Passive) – Goniometry
- Muscle Power testing – Oxford Scale
- Gait Analysis/Posture and Gait re-ed
- Functional Ax
- Outcome Measures re: pain/function/mobility/balance
- Age appropriate Exercise Therapy (prescription and progression)

(Paediatric Neurology / Neurodevelopmental Placement:)

Demonstrate Basic Understanding of:
- Normal child development from 0-5 years
- Developmental Delay.
- Early CP – Classification etc.
- Paediatric acquired brain injury
- Common genetic syndromes encountered (T21, Prader-Willi, Charge)
- Developmental Delay secondary to CHD / prolonged ventilation / protracted illness / failure to thrive / poor social circumstance.
- Risk factors for Preterm infants
• Normal movement principles and postural control
• Tone and what influences variance in tone

**Objectives Paediatric Neurology / Neurodevelopmental Placement:**
• to complete a database for a neurodevelopmental assessment
• to carry out a Neurodevelopmental assessment on child aged 0-5 years
• to complete a database for a paediatric acquired brain injury
• to use appropriate positioning, handling and treatment skills
• to be able to recognise variations in tone
• to demonstrate appropriate positioning, handling and HEP to parents and carers
• to be aware of Outcome Measures used – Bayley (3rd Ed), Mvt ABC and GMFM
• to devise an appropriate HEP
• to refer patients to appropriate community services
• to be aware of referral process/need for orthotic intervention
• to have a basic understanding of indications for seating / positioning / sleep systems
  prescription and referral process for same.
  (under guidance placement ii-iv)(with decreasing guidance placement v-vi)

**Clinical Skills Paediatric Neurology / Neurodevelopmental**
• Therapeutic handling / facilitation skills
• Observation skills for movement analysis
• Functional Ax skills
• Therapeutic handling / facilitation skills based on normal movement principles in the
  management of paediatric ABI.
• Therapeutic positioning skills.
• Gait Analysis/Posture and Gait re-ed
• Outcome Measures re: pain/function/mobility/balance
• Age appropriate Exercise Therapy (prescription and progression)

**Paediatric Orthopaedics Placement**

**Demonstrate a Basic Understanding of:**
• Commonly encountered Paediatric Orthopaedic conditions – congenital limb
  deformities, scoliosis, SUFE, perthes, Osgood Schlatters, DDH, torticollis, congenital
  foot deformities, fractures, soft tissue injuries.
• Background theoretical knowledge, e.g. orthopaedic procedures, soft tissue healing,
  disease processes, fracture management etc.
• Normal paediatric orthopaedic variants.
• General Trauma.
• The MDT approach in the treatment of non-organic presentations

**Objectives Paediatric Orthopaedic Placement**
• To complete a database for a paediatric orthopaedic assessment
• To complete a basic paediatric musculoskeletal assessment
• To complete pre-op scoliosis muscle charting
• To be competent in post-op Ilizarov Physiotherapy Protocol
• To be competent in post-op Spinal Surgery Physiotherapy Protocol
• To be aware of Outcome Measures used.
• To devise an appropriate HEP
• To demonstrate / explain HEP to parents and child
• To attend Ponsetti Clinic
• To partake in the treatment of children with obesity.
• To participate in treatment approaches with children with pain amplification presentations

(under guidance placement ii-iv)(with decreasing guidance placement v-vi)

**Clinical Skills Paediatric Orthopaedics**
• Joint ROM (Active and Passive) – Goniometry
• Muscle Power testing – Oxford Scale
• Neurological Ax UL/LL
• Gait Analysis/Posture and Gait re-education
• Muscle strength and length tests
• Functional Ax
• Outcome Measures re: pain/function/mobility/balance
• Age appropriate Exercise Therapy (prescription and progression)
• Manual Therapy
• Taping techniques
• Prescription of safe technique in use of walking aids, crutches, rollators etc.
• Safely and effectively demonstrate and teach a variety of HEPs including strengthening, stretching, mobilising exercises, balance and gait re-education

**Paediatric Rheumatology Placement**

**Demonstrate Basic Understanding of:**
• Juvenile Idiopathic Arthritis, Juvenile Dermatomyositis, Benign Hypermobility Syndrome
• The MDT approach in the management of Chronic Pain Syndrome in children
• Procedures following intra-articular joint injections
• Psychosocial impact of chronic diseases on a child’s life
• Community Organisations associated with Paediatric Rheumatology

**Objectives Paediatric Rheumatology Placement**
• To complete a database for a paediatric rheumatology assessment
• To complete a paediatric Rheumatology Assessment
• To complete a Pain Assessment
• To complete a Developmental Assessment
• To devise an appropriate HEP
• To demonstrate / explain HEP to parents and child
• To partake in hydrotherapy

(under guidance placement ii-iv)(with decreasing guidance placement v-vi)

**Clinical Skills Paediatric Rheumatology**
• Joint ROM (Active and Passive) – Goniometry
• Muscle Power testing – Oxford Scale
• Observation skills in relation to posture, particularly to deformities of joint
• Gait Analysis/Posture and Gait re-ed
• PGAL’s
• Muscle strength and length tests
• Functional Ax
• Rheumatology specific Outcome Measures - CHAQ, CMAS, timed sit to stand, Activity and restriction joints
• Outcome Measures re: pain/function/mobility/balance
• Age appropriate Exercise Therapy (prescription and progression)

**Paediatric Haematology / Oncology Placement**

**Demonstrate Basic Understanding of:**
• Paediatric malignant Haematology/Oncology. E.g.; Leukaemia and tumours
• Side effects of chemotherapy including myopathy, peripheral neuropathy and disuse atrophy
• Non-malignant haematology including Sickle Cell Disease, Haemophilia
• Bone Marrow Transplantation
• The contraindications to the treatment of Haematology and Oncology patients

**Infection control procedures and precautions with immunocompromised patients**

**Objectives Paediatric Haematology / Oncology Placement**
• To complete a database for a paediatric haematology / oncology assessment
• To complete a paediatric Haematology / Oncology Assessment with reference to presenting musculoskeletal, neurological / neurodevelopmental or respiratory problems
• To attend psychosocial, tumour board and case conference meetings
• To demonstrate safe and appropriate therapeutic positioning, handling and treatment skills of children
• To recognise/justify the links between clinical examination findings and disease process, medical intervention and patient age
• To be able to formulate and teach an age appropriate home exercise programme using Physiotools
• To practise and develop Gait Analysis skills and gait re-education through observation and video analysis
• Prescription of safe technique in use of mobility aids
• To communicate with and refer to follow up services as required

(under guidance placement ii-iv)(with decreasing guidance placement v-vi)

**Clinical Skills Paediatric Haematology / Oncology.**
• Joint Range of Movement (Active and passive) – Goniometry
• Muscle power testing – Oxford Scale
• Neurological assessment including special tests
• Observational skills for movement analysis
• Gait analysis
• Exercise therapy and prescription (age appropriate) – Physiotools
• Respiratory physiotherapy assessment and techniques
• Functional assessment skills
• Therapeutic handling and positional skills (age appropriate)
• Prescription of walking aids
Section E: Clinical Placement Evaluation and Guidelines

Contents
- Clinical placement evaluation
- The Common Assessment Form (CAF)
- The Underperforming Student.
- Final Patient Assessment

Clinical Evaluation

The Common Assessment Form (CAF) is used to assess all physiotherapy students on clinical placement. The CAF is designed to aid the practice educator to complete the assessment of a student physiotherapist on clinical placement. Performance in each clinical placement is assessed by achieving learning outcomes demonstrated by an appropriate behavior. This form is completed by the practice educator and/or a practice tutors/regional placement facilitator.

The Common Assessment Form (CAF)

This form was developed by the four Schools of Physiotherapy in the Republic of Ireland to create a common form that will be used to evaluate student performance in all four schools. There are three different levels of this form:

- The Level 1 form assesses Placement 1 (2nd Year)
- The Level 2 form assesses Placement 2 and Placement 3 – (3rd Year)
- The Level 3 assesses Placement 4 and Placement 5 (4th Year)

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.

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

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 most of the learning outcomes, there are a number of expected behaviours, designed to help the practice educator 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 also given. The practice educator should apply these to the learning outcomes in order to analyse the student’s performance and decide upon the mark to be awarded. The student should receive a mark which most clearly reflects their achievements in relation to the outcomes.

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. Practice educators are required to provide written feedback to the students at midway and final assessment. Space is provided for both comments and a mark to be recorded at midway and at the end of the placement.

In Level 1, when assessing the behaviours containing the words ‘With guidance’ it is essential to consider the amount of guidance the student required. There is an expectation that the level of guidance will reduce from the beginning to the end of the placement time. If the student requires the same guidance throughout the placement for a learning outcome, the mid-placement and final placement marks/grade should be adjusted accordingly.

On the front page space for any general comments the practice educator may wish to make is provided. The CAF must be signed at the bottom of the front page by the practice educator or practice tutors and the student.

Part 2 carries no marks but the student’s performance must normally be satisfactory in order to pass the placement.

Safety
The area of safety is awarded a pass or fail. If a student doesn’t receive a pass grade in safety, then (s)he is deemed to have failed the placement. If a safety issue arises students may be given a written warning at the discretion of the practice educator/practice tutors on part 2 of the CAF. The practice education co-ordinator should be notified if a written warning is being given to a student. If repeated safety warnings are given, the Discipline of Physiotherapy will liaise with the practice educator/practice tutors (+/- physiotherapy manager if appropriate) to discuss and implement any further appropriate action. Should a student be deemed unsafe to remain in placement, then the Discipline of Physiotherapy should be notified immediately.
Professional Behaviour

The area of professional behaviour is awarded a pass or fail. If student doesn’t receive a pass grade in professional behaviour, then (s)he is deemed to have failed the placement. If a professional issue arises students may be given a written warning at the discretion of the practice educator/ practice tutors on part 2 of the CAF. The practice education co-ordinator should be notified if a written warning is being given to a student. If repeated professional warnings are given the Discipline of Physiotherapy will liaise with the practice educator/practice tutors (+/- physiotherapy manager as appropriate) to discuss and implement further appropriate action. Should a student be deemed unprofessional to remain in placement, then the Discipline of Physiotherapy should be notified immediately.

Therefore Part 2 of the CAF can be failed either on cumulative safety or professional behaviour issues or on the basis of a single event of significant gravity in either of these two area’s that would warrant an immediate failure. Cumulative events will usually be preceded by written warning(s) and a record of events in either or both of these two sections will be kept by the practice educator/ practice tutors to support a cumulative failure in this section.

Points to consider when marking the form:

- The student should be assessed with reference to his/her current stage of training. The practice educator should consider the level of knowledge and experience appropriate for the clinical education placement being undertaken.
- If the student has undertaken a split placement spending time with more than one practice educator, the practice educators should meet up to score the form together before presenting feedback to the student.
- A score between 8 and 10 should be reserved for an exceptional student.
- For a Level 1 student most behaviours are ‘with guidance’ to achieve a learning outcome. As the placement progresses the level of guidance needed is expected to decrease.
- If a learning outcome is not appropriate to the clinical area not applicable NA may be written in the scoring box and the marks will be adjusted accordingly.
- A clinical placement may be failed if the following marks are received on the CAF by the student:
  - Scores < 40% overall
  - Scores < 40% in two or more sections of the evaluation form
  - Fails Part 2 of the CAF

When to Assess: Informal assessment and feedback

The behaviour and action of students should be monitored and corrected on a day-to-day basis throughout the placement. For example, it is important to give feedback as soon as possible after observed assessment/ treatment sessions, informing the
student regarding what they are doing well and directing them to areas of practice that require adjustment.

**Formal assessment**
The students’ performance is formally evaluated on two occasions during the placement, at mid-placement and at the end of placement. Practice educators are requested to take time to sit with the student and review the mark awarded giving feedback about student strengths and areas for further development at a midway and end of placement.

**Midway evaluation**
- At mid-placement, the mark awarded should reflect the student’s strengths and weaknesses in *first half of the placement*.
- Written remarks at mid-way evaluation are pivotal and give the student direction for improvements.
- Student behaviour should be observed on a regular basis to provide considered feedback.
- It is important that the student is provided with both formative (descriptive feedback) throughout the placement on their progress to aid their development and enable them to take remedial action necessary to succeed in latter half of placement. Summative (evaluative) feedback is given when grading the CAF at midway and at the end of placement.
- Identify and discuss strategies to help the student plan to improve their skills. This is particularly important if the student appears to be failing (refer to Section F for further detail regarding procedures with an underperforming student).

**End of placement evaluation**
- At final assessment, the mark awarded should reflect students’ strengths and weaknesses primarily in *the second half of placement*. This ensures that students are given a final mark on behaviours, actions and performance after guidance and correction from the practice educator/practice tutor and that the student has had an opportunity to adapt and change as necessary to the clinical environment. The mark awarded provides a final grade that will contribute toward the students’ end of year mark awarded.
- Written remarks should also be provided at the end of placement. This is important in order to facilitate performance development in future placements.

*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 should complete the record and the practice educator and/or practice tutors must verify the hours completed and sign that the record is accurate.**

The CAF can be located at: [www.medicine.tcd.ie/physiotherapy/clinical_education](http://www.medicine.tcd.ie/physiotherapy/clinical_education)
All CAF marks go forward towards the relevant end of year results (see table below for breakdown of results). As students may choose to organise an international placement or a placement outside the regular TCD sites, Placement 4 (P4) is scored on a pass/fail basis. For P4 if students fail more than two sections or Part 2 of the CAF the student is deemed to have failed the placement and will be required to repeat the placement.

<table>
<thead>
<tr>
<th>Placement</th>
<th>Year</th>
<th>Contribution towards end of year marks</th>
<th>ECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>2nd year</td>
<td>16.67%</td>
<td>5</td>
</tr>
<tr>
<td>P2 and P3</td>
<td>3rd year</td>
<td>33.33% (16.66 each)</td>
<td>20</td>
</tr>
<tr>
<td>P4 and P5</td>
<td>4th year</td>
<td>22.66 (11.33% each)</td>
<td>20</td>
</tr>
<tr>
<td>Final Patient Assessment (FPA)</td>
<td>4th year</td>
<td>11.34%</td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Experience Profile**

Page 3 of the CAF records the Clinical Experience Profile of each placement. Students are required to record hours undertaken in each core areas of practice (respiratory, musculoskeletal, neurology) for individual placements. For example in Acute Medical Admission, SJH approximately fifty percent of the caseload is respiratory and the remaining caseload is generally care of the elderly. This should be recorded in the table provided reflecting the number of hours provided in each area e.g. resp. 90 hours and COE 90 hours. The student is asked to consider their caseload at the end of each placement and compete the table provide. Students may ask their educators if they have any questions in relation to their caseload or contact the practice education co-ordinator for further guidance. Hours estimated will be used to guide information for any transcripts requested. Other information sought in the table includes age category and clinical setting.
FINAL PATIENT ASSESSMENT CLINICAL EXAMINATION

In the final year of the physiotherapy course the student will complete a Final Patient Assessment clinical examination, which carries 11.33% of the final degree award. This exam will be performed during P4 or P5, depending on the suitability of available patients and subject to the agreement of the clinical facility.

The examination will consist of one of two possible scenarios:

(i) The student will assess a previously unseen patient. Based on their findings the student will be expected to describe the patients’ problems, link them to the pathology and describe the physiotherapy intervention.

Or

(ii) The student will perform an ongoing assessment/treatment of a previously seen patient. The student will be expected to justify the treatment session or management plan by linking it to assessment findings and the patient’s problem list.

The decision to which patient will be used will depend on the availability of suitable and consenting patients at the time of the examination and is taken by the practice educator/practice tutor often in conjunction with the College examiner. Previously seen patients will be patients that have already been assessed or treated by the student as part of their regular caseload. Approximately one hour is allowed for assessment/treatment of the patient as well as discussion and questioning with the examiners.

The format of the examination is:

UNSEEN PATIENT

10 mins Review of medical notes and other relevant reports
40 mins Assessment of unseen patient and an initial short treatment if appropriate
5 mins Formulate thoughts
10 to 20 mins Discussion with examiners about assessment findings and underlying clinical reasoning process
PREVIOUSLY SEEN PATIENT

<table>
<thead>
<tr>
<th>Time</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mins</td>
<td>Describe the patient’s background, treatment to date and current status to examiners (this may alternatively take place at the end of the assessment during discussion)</td>
</tr>
<tr>
<td>40 mins</td>
<td>Review and continuing treatment of the patient</td>
</tr>
<tr>
<td>5 mins</td>
<td>Formulate thoughts</td>
</tr>
<tr>
<td>10 - 20 mins</td>
<td>Discussion with examiners about findings and underlying clinical reasoning process</td>
</tr>
</tbody>
</table>

Where possible, the student will be informed of the name and condition/diagnosis of the patient for the examination up to 24 hours in advance of the exam. Please be aware, that due to the uncertainty of the availability of patients, in particular inpatients where the patient’s condition may change unexpectedly, it may not be possible to arrange a suitable patient until the day of the exam. If there is uncertainty regarding the availability of an identified patient for the exam, a second possible condition/diagnosis may be given to the student as a standby option.

A member of the staff involved in student education (lecturer, practice education co-ordinator, practice tutors, regional placement facilitator) for the Discipline of Physiotherapy plus one other will carry out the examination. This examiner can be another member of the university staff or a practice educator in the relevant area or an external examiner appointed by the college. The practice educator is invited and encouraged to participate in the examination process as the second witness to ensure impartiality and fairness.

If a student is examining a previously seen patient, the student may have access to the patient’s physiotherapy and medical notes as they would normally have in the ward situation, 24 hours in advance of the exam. If a student is examining a previously unseen patient, he/she will know the general condition/diagnosis of the patient only 24 hours in advance of the exam.

Exams should be arranged for the latter half of a clinical placement with sufficient notice (suggestion of 2 weeks) to the physiotherapy staff and student.

Timing of the Examination

The clinical examination will take place in the clinical environment on P4 or P5. Under exceptional circumstance the examination can take place at a later date, after the final written examination papers. This will be decided by the Head of the Discipline of Physiotherapy on investigation of the relevant circumstances.

Certain clinical environments e.g. some paediatric, private practice or community care areas, may not be suitable for a final patient examination. In these cases, the student will be able to undergo the clinical exam on a subsequent placement.
On completion of the examination, the student will be informed if they have been successful or not i.e. pass or fail. The actual numerical mark awarded will be withheld until after the Court of Examiners meeting during which any extenuating circumstance can be discussed.

A student who has been deemed to fail the final patient examination will have to retake the exam before qualifying as a Physiotherapist. If the exam is failed in P4, it may be undertaken in P5. If the exam is failed in P5, it can be retaken after the written papers. The Discipline of Physiotherapy will try to ensure that the exam is in a similar field of Physiotherapy practice as the P5 placement and that the student has exposure to the area prior to the repeat clinical examination. Clinical experience will be provided on a case-by-case basis in consultation with the student and practice education co-ordinator.

**During the course of the examination, examiners will look for evidence of:**

1. The ability to gather and interpret information
2. The ability to select & apply baseline and ongoing assessment procedures, including the choice of appropriate outcome measures
3. The ability to plan treatment sessions, and alter/progress as appropriate within the time span of their episode of patient care
4. The implementation of a treatment session, or part of a treatment session, as appropriate to the patient’s ability on the day of the assessment
5. Appropriate communication skills

**Gather & interpret information [1]**

- Evidence of patient and/or family interview, baseline & ongoing
- Evidence of patient’s history, lifestyle, responsibilities, ADL’s, mobility etc.
- Evidence of the identification and discussion of relevant problems
- Evidence of accessing medical records, investigations and how this information informs their management
- Evidence of accessing information from other health care professionals involved in the care of the patient and how this information informs their management

**Select appropriate examination and assessment procedures [2]**

- Demonstrate evidence of gathering relevant data in a physiotherapy assessment for baseline assessment
- Justify choice of outcome measures used
- Justify choice of techniques used in assessment/treatment
- Justify short & long terms goals developed, and why they have changed, if this is the case
- Discuss the initial treatment plan in the context of problem list, short & long term goals – PT’s and patient’s goals
Application of the assessment/treatment procedure [3-4]

- Demonstrate acceptable care and handling of the patient before, during and after the session
- Explain & discuss in a method/language that is understandable by the patient
- Demonstrate responsible, safe and comfortable transfers/handling of the patient, where necessary
- Use appropriate positioning for comfort and personal dignity of the patient i.e. use of curtains, covers as appropriate
- Conduct an appropriate assessment of the patient to inform the treatment intervention
- Discuss treatment strategies with patient and justify treatment to the examiners in light of previous findings, if possible during treatment session but if not appropriate during post-treatment discussion
- Monitor the patient’s responses to treatment & modify as appropriate

Post-treatment discussion [3-4]

- Demonstrate appropriate recording of previous findings and intervention
- Justify treatment/intervention changes or lack of to previous physiotherapy sessions
- Identify short & long term plan for future
- Demonstrate ability to link theory to practice
- Justify and explain own clinical reasoning

A consent form and marking guidelines for the exam can be found in Appendices VI, VII and VII.
Section F: The TCD Student Pathway and the Underperforming Student Procedure

TCD Student Pathway

This student pathway is a framework designed for use with all students during placement. This pathway is intended to assist practice educators with student management at any point during placement. The pathway also provides for the management of a student who is perceived to be having difficulty on placement and/or who is not reaching the performance standards set out by the Discipline of Physiotherapy. It should be used in conjunction with support from the practice education team, the documents outlined in the process and the university support services as required (e.g. College Tutor Service, Counselling Service, Disability Service and College Health). Students are required to engage with this pathway. Guidance and support will be provided by their practice educator and the practice education team.

TCD Student Pathway

The TCD Student Pathway Documents

The following section provides information on the documents used as part of the TCD Student Pathway.
Placement Learning Objectives Form

Students are required to set individual placement learning objectives with the practice educator and/or practice tutor for every clinical placement. The student may draw up a preliminary list of objectives before placement which can be refined with their practice educators’ guidance. It is recommended that placement learning objectives are developed at the end of the first week of placement. This timeframe allows for the student to gain a general insight into the learning opportunities and caseload in their clinical area. It also gives time for the practice educator to assess the student understanding of their learning needs. Consideration should be given to areas highlighted by educators in the previous placement. This is a working document and may be reviewed and added to as learning needs emerge during the placement. New learning needs identified in feedback sessions (e.g. after discussing the 5 Minute Feedback Form) can be documented in the Placement Learning Objectives Form. Placement learning objective should be reviewed by the student on a week-to-week basis and more formally at midway and end of placement with the educator. Further information on setting placement learning objectives is available in the Practice Education Handbook (Section K).

5 Minute Feedback Form

The 5MFF identifies areas of achievement and development by the student or educator on a weekly basis. Students are asked to play an active role in self-assessment when completing the form. The student is required to reflect on areas that went well and areas for improvement and document these before bringing the form to their educator for discussion. In addition, students or educators can identify any challenging situations that may have arisen. Students with the help of the educator should make a specific plan to address the learning needs and record it on the form in the ‘agreed plan’ box. The student Placement Learning Objective Form may need to be reviewed at this time. Practice educators are requested to provide written feedback on a weekly basis using this form. Alternatively student may document verbal feedback provided by the educator in the practice educator’s area of the form. The form should be used on the weeks when CAF feedback is not given e.g. during a six week placement: week 1, 2, 4 and 5. If concerns are identified a plan should be formulated and put in place to address the learning needs. If concerns arise or persist the Discipline of Physiotherapy should be notified and a management plan put in place. It is recommended that the 5MFF be completed on Wednesday or Thursday to allow students time to consider feedback discussed and seek clarification if required before the weekend break. Depending on the amount of feedback provided this form may take longer than five minutes. It is recommended that the student provide a copy of the form to the educator each week.
TCD UNDERPERFORMING STUDENT PROCEDURE

A clinical placement may be failed if the following marks are awarded on the Common Assessment Form (CAF).

- An overall grade of less than 40%
- A grade of less than 40% in two sections of the CAF (e.g. the Assessment section and the Communication section)
- A fail in either the Safety or Professionalism section of Part 2 of the CAF.

UNDERPERFORMING STUDENT PROCEDURE

1. **A serious concern(s) is raised regarding the student performance and/or, safety and/or professionalism**
   - Refer to assessment form to identified specific area(s) of concern
   - Consider internal/external factors impacting on the student's performance
   - Consider seeking a colleagues opinion and/or MDT member familiar with the student

2. **Liaise with the practice education team/university for support**
   - Consider if the student needs any of the university support services. Liaise with practice education team as needed
   - Complete RFF (include input for other educators and tutors as appropriate)
   - Provide feedback to student and develop specific objectives and an action plan (RFF)

3. **Implement new action plan with additional supports for the student**
   - Provide prompt and direct feedback to the student on their progression on a consistent basis
   - If objectives are acheived the student has progressed to at least the minimal standard required to pass the competency(s)
   - The student has not progressed or reached the minimal standard to pass the competency(s) or the student fails the competency(s) on the CAF or fails on Part 2 of the CAF

The following section provides information on the documents may be used as part of the TCD Underperforming Student Procedure

Risk of Failure Form

The Risk of Failure Form (RFF) is used when there is a serious concern that the student will not pass their placement. This is generally based on the scores in Part 1 of the CAF or related to safety and/or professional issues identified in Part 2 of the CAF. The RFF is completed by the practice educator and/or practice tutor. Support will be provided by the practice education team, practice education co-ordinator and/or university staff as required. The aim of this form is to assist the student and the practice educator in identifying and understanding the concern(s) which have been raised. It provides for learning objectives to be identified and a comprehensive action plan to be formulated to address the concern(s). A formal review date of the objectives should be set at the time the form is completed. Using the form signifies that the student is at risk of failing the clinical placement.
Informal feedback sessions should take place either daily or every second day prior to the formal review. To ensure fairness, concrete and consistent evidence of failure to meet the required standard, is required. Meeting all of the objectives on the risk of failure form does not automatically ensure the placement will be passed. For example a once off safety event may also lead to a student being unsuccessful in the placement. The form should be agreed and co-signed. The student, the practice educator or practice tutor and the university must be provided with copy of this form once completed. A change in behaviour/performance needs to be demonstrated and a sufficient level of competence achieved in relation to the clinical assessment form for the placement to be deemed successful.

The Clinical and Non-Clinical Log

The ‘Clinical and Non-Clinical Log’ is a supporting document for the TCD Student Pathway and the Risk of Failure Form. This log may be used to provide a brief record of any incidents when an educator has concerns regarding a students’ performance. The ‘Clinical and Non-Clinical Log’ can be used as a clear record for feedback purposes.

All documents are available under student resources on the website. www.medicine.tcd/physiotherapy/clinical

Key points regarding the management of underperforming or struggling student.

- **Case-by-Case**: Cases where a student is struggling or underperforming are very often complex and sensitive and should be managed on a case-by-case basis using individualised and holistic approach at all times.

- **Early communication**: Once initial concern(s) regarding the student’s competency or difficulty is raised the practice education team/university should be informed. This contact should be maintained over the course of the placement with regular updates provided by all parties involved. At least weekly communication is recommended with the university.

- **Consistent feedback**: Providing prompt and direct feedback to the underperforming student on a consistent basis is extremely important for maximising the student’s understanding and learning. This feedback can be given in an informal and formal way (using supporting documentation forms). Discussing specific concerns with the learner allows the educators to gauge their knowledge and self-awareness. Relate your observations back to the learning outcomes (CAF). Written feedback is powerful feedback and can be more effective than verbal feedback alone. Give specific examples for evidence of limitations in knowledge, skills, care episodes or unprofessional behaviour.

- **Clarifying the student’s understanding of feedback provided**: It is important to ensure the student has received and understands the key areas that need to change to attain a competent grade. It is useful to give the student time to reflect on the feedback and return with a summary of the areas that need to be worked on. Strategies to improve the student’s performance may be discussed at the time feedback is provided or on the following day. Student may need support to develop these.
• **Setting clear attainable and incrementally progressive objectives**: Careful consideration to setting placement learning objectives on a day-to-day or week-to-week basis is required to enable the student to achieve a change in behaviour or competent level of performance. The change in behaviour(s) needed to meet the required standard(s) should be identified. Realistic, achievable and progressive objectives should be set.

• **Action plan**: An action plan with clear strategies aimed at meeting the objectives should be set by the student and educator. Practice educators/practice tutors will need to support students learning and reduce this appropriately as performance levels improve and objectives are attained.

• **Clear documentation**: Practice educators/practice tutors are requested to record all relevant documents i.e. 5 Minute Feedback Form, Learning Objectives Form, CAF, +/- Risk of Failure Form and the ‘Clinical and Non-Clinical Log. This information will be required when providing evidence of support if the learner is not successful in the placement. The documentation should be factual, non-judgemental, identify strengths and weaknesses and include specific examples where appropriate.

• **Decision Making**: It is the practice educator’s and the practice tutor’s (if it is a tutor designated site) decision whether or not the student is ‘competent’ or ‘not competent’. The practice educator will be supported in the decision making process by the practice education team.

• **Meeting times**: It recommended that feedback discussion take place before Friday in the week. This will allow students time to process the information received and ask relevant questions prior to the weekend break.

• **Communication of a ‘not competent grade’**: Informing a student of a not competent grade is extremely difficult and should be undertaken in a clear and sensitive way. The practice educator should give ample consideration to the reasons and the evidence behind a student not achieving a competent grade. These should be discussed in a clear manner to the student. Using phrases such as ‘I noticed…., I feel…., during the assessment I observed….’ can help as this reinforces to the learner that as a practice educator you are required to make a judgement on their progress using the evidence at your disposal. Due consideration to privacy and comfort should be given to the environment where the feedback is provided. Time should be provided for a student to reflect on any feedback given and an opportunity to seek clarification any feedback given. A meeting time should be provided to the student the day after the feedback is provided to give the student an opportunity to ask questions or clarify feedback. Another member of the practice education team may be present at a feedback meeting to support both the student and the educator.

• **Safety issues**: Where safety is a concern steps must be taken to protect patients, staff and the student themselves. The practice educator should contact a practice tutor/regional placement facilitator and/or the practice
education co-ordinator if a safety issue arises. If there is a serious safety incident the educator may wish to inform their manager also. The university will liaise with the educator and/or tutor (and physiotherapy manager if deemed necessary) after which a decision will be made in relation to action required.

a. For repeated or serious safety or professionalism issues a formal written warning is given in Part 2 of the CAF. The student may continue (possibly with restrictions for a period of time) until the student can demonstrate a satisfactory safety level. If the student fails to meet the required standard within the placement timeframe the student will be awarded a fail in Part 2 of the CAF.

b. If there is a significant breach of safety or professionalism, the practice educator may deem it necessary to remove the student from the clinical practice area until the university is notified. The student may 1) fail the placement outright 2) may fail the placement, unless the safety level of the student can be remediated. This decision should be made with the practice education co-ordinator (or university staff) and the practice tutor if applicable. Guidance may be required for the student on remedial action required.

- If the student does not reach the minimum standard by the final evaluation, the placement will be failed as long as the student has been informed that he/she may fail, what needs to be done to reach the minimum standard and that reasonable support measures were taken to assist the student to meet the required standard.

The following questions may be used to help with the decision making process for the student who may be at risk of failure.

- Has the student achieved the standards required for competency in the area of weakness (refer to assessment document)?
- Are the expectations of performance realistic for the stage in the learner’s programme?
- Has the student had an opportunity to demonstrate the skills, knowledge or attitude that has been identified as a problem area(s)?
- Has the student made a genuine effort to engage in the process?
- Are there external influences that are impacting on the student’s ability to progress?
- Consider the ‘Failing student – indicators’ on the 5 Minute Feedback Form. These indicators are intended to provide the practice educators and tutors with examples of circumstances/ incidents which can often be associated with a struggling student or ‘not competent’ outcomes. It is a basic reference point for all educators requiring guidance and/or support in their decision making processes regarding students who are at risk of ‘not competent’ grade. While
this may prove to be a useful resource to practice educators this resource should not be used in isolation. The practice education team must also be involved in the decision making process.

**What happens after a placement is failed?**

The student is required to meet with the practice education co-ordinator and/or the Head of Discipline to discuss the placement, review feedback provided, consider learning objectives for the next placement, receive advice re remedial actions and rescheduling of a repeat placement. Student may have their College Tutor for support at this meeting or subsequent meetings. Other support services in the university include the teaching staff, practice education team, personal tutor (college tutor), student learning and development service, counselling services and College Health.

**Scheduling of a repeat placement**

Students cannot progress to the next placement unless a placement is passed. Placements are repeated in a similar clinical area but at a different clinical site. A repeat placement is generally scheduled during the next placement block if available. If P6 is failed it can be repeated after the final written exams. In some cases a repeat placement may not be available until after the Board of Examiners.

If a student fails a repeat placement the student will not normally be permitted to progress in the programme. In the case of any extenuating circumstances the student’s tutor will formally present the case to the end of year Court of Examiners for consideration. Failure of another repeat placement over the course of the programme will normally result in automatic discontinuation from the programme.

**Re-check/re-mark of clinical placement mark**

Adapted from Trinity College Calendar General Regulations and Information 51

Having received information about their results and having discussed these and their performance with the appropriate clinical staff and the practice education co-ordinator, students may ask that their results be reconsidered if they have reason to believe:

(i) that the grade is incorrect because of an error in calculation of results;

(ii) that bias was shown by an examiner in marking the placement.

- In the case of (i) a student may request a recalculation of the mark by the practice education co-ordinator.
- In the case of (ii) a student may request permission from the Senior Lecturer’s Office with the assistance of their College Tutor for their mark to be appealed.
Time frame – examination/assessment documents are held for the period of 13 month after the supplemental exams only. Any application for re-mark/re-check must be made within this period of time.

Debriefing

The practice educator will be offered an opportunity to debrief with a member of the practice education team or the practice education co-ordinator after the placement ends. The debriefing sessions are a useful way of reflecting on the practice education experience, identifying and acknowledging new learning achieved and planning for any changes needed for future placements.

Frequently asked questions

- Should a concern always be identifies through the 5MFF or the CAF?
  - Practice educators or tutors may identify concerns at any time during the placement and address these with students in an informal manner. However, if concern(s) persists despite feedback, if it interferes with student progress during the placement or is of a serious nature then documentation of the concern(s) and a management plan is required. These can generally be addressed through the 5MFF or CAF. Examples of reasonable support measures that might be put in place for a student include: extra teaching sessions, tutorials, opportunities to observe or practise, student submission of a written reflection cycle on a weak behaviour/gaps in knowledge, student submission of extra clinical reasoning forms, encouraging proactive demonstration of knowledge by students etc.

- What extra support time should be given to the struggling student?
  - Currently there are no specific guidelines that addresses the allocation of additional support time to be provided to the underperforming student in practice education across the Allied Health Professions. When planning additional support time for a student it should be considered in the context of time demands for other day-to-day duties in their role and requirements for support to other students. The practice education team is required to put ‘reasonable support measures’ in place to assist the student to meet the required standard which may mean other students have reduced individual support/teaching time. For the other students supported by a tutor/educator the ability of these students to manage planned or unplanned reduction in resources reflects many working situations and can be taken into account when marking their CAF.
• **What indicators can an educator use to identify that a student is underperforming?**
• Educators should refer to the Learning Outcomes and behaviours in the CAF. The ‘Failing student indicators’ on the 5MFF can also be used. Areas of concern must be directly linked to learning outcomes in the CAF.

Reference documents/website:

- Practice Education Handbook
- TCD Student Regulations
- College Calendar
- Student Conduct and Capacity
- TCD Student Mental Health Policy and Guidelines
- 2010 Consolidate Statues of TCD
- TCD School of Medicine Fitness to Practice Policy
- TCD Disability Services website https://www.tcd.ie/disability/
- TCD Student Learning and Development website http://student-learning.tcd.ie/
Section G: Student Uniform Policy

At all times, while students are on placement, they are expected to wear the uniform outlined below. Students are part of the Physiotherapy profession and are expected to represent the profession accordingly. A clean, ironed uniform is essential every day. Students should not leave the hospital premises in uniform unless going on an official visit.

- Navy trousers
- White tunic with school logo
- Navy or black shoes (No trainers unless specifically allowed by the site)
- All footwear must be clean
- Black/navy socks
- Long hair must be tied back neatly so that it does not hang over face or over the patient. Hair accessories should be plain and discreet.
- Make-up, if worn, should be subtle.
- Nails must be kept clean and short. (Nails should not be visible from the palmar aspect of the hand). Nail varnish is not permitted. No writing on hands.
- No bracelets, rings, drop/large earrings. Small earrings may be worn in the ears. A wedding band is permitted. Other than ears, body piercing or tattoos should not be visible; if present they should be covered.
- A name badge must be worn at all times. If lost, it must be replaced immediately.
- Chewing gum is forbidden.
- Navy jumpers/cardigans may be worn between locations. They must not be worn while treating patients.
- Clean shaven or full beard/moustache

Clinicians reserve the right not to allow students into the clinical area if a student is not adhering to the uniform policy. Some local dress policies may differ from the above uniform e.g. in a community placement. Students can adhere to local dress policy in these cases as advised by their practice educator but must at all times look neat, tidy and professional. Students should always maintain a high standard of personnel hygiene. Physiotherapy is a physically active occupation, tunics must be laundered on a regular basis.

NAME BADGES CAN BE ORDERED THROUGH THE EXECUTIVE OFFICER (EO) IN THE DISCIPLINE OF PHYSIOTHERAPY.

Uniforms (tunic with college crest and navy trousers) are also available through the Executive Officer (Ms Sarah McLoughlin). The class representative should liaise with the EO in the January prior to commencement of placement in the second year of the programme. At least two uniforms should be purchased to allow for a daily change of uniform. Uniforms must be replaced as necessary over the four years. As part of professional studies module students sign a contract agreeing to adhere to the uniform policy.
Section H: Procedure in the Case of Absence

During clinical placement students are expected to attend on a daily basis. All students must successfully complete a **minimum** of 1000 hours in clinical practice before they can receive their final degree.

**Sick leave**
If a student is sick and cannot attend placement it is essential to inform the practice educator and Practice tutors (if applicable) as early as possible to allow alternative arrangements to be made for the treatment of patients in the student caseload. It is recommended that a student contacts the department by **telephone and speak to the educator or tutor**. The practice education co-ordinator must also be informed by phone message or email.

The number of days absent is recorded on the student’s ‘Record of Clinical Hours Completed’ sheet in the CAF. If a student is absent for more than two consecutive days due to illness they must provide the practice education co-ordinator with a medical certification of illness from a registered GP/consultant. Medical certification can be supplied retrospectively. In the case of sickness or other agreed leave in order to successfully complete the placement at least **eighty percent** of the allocated placement time must be completed. Exclusions can only be made exceptional circumstances. A record of each students clinical hours is maintained by the practice education co-ordinator.

**Other absence from placement**
Prior to clinical placement commencing if you are aware that you need to be absent from clinical placement the student must contact the practice education co-ordinator to request permission to take time off. If permission is granted the student should then inform the practice educator and /or practice tutors/regional placement facilitator in advance of placement or on the first day of placement. Please read specific cases in this section for further information. If a student knowingly does not attend placement or leaves the placement site during the normal scheduled hours and **does not contact inform their educator or tutor** they may be given a verbal or written (Part 2 of the CAF) professional warning.

**Holidays**
Holidays may not be taken during placement as this is a work-based placement with a commitment to the clinical sites, the physiotherapy team that the student will be working with and patient in the student caseload. **A written professional warning may be given to the student on their CAF Part 2 if this occurs and will remain a permanent record on the student’s CAF.**

**College Sports Events**
Students may attend college sporting events if they are representing Trinity College as individuals or as a team member. Students must request time off from the Practice education co-ordinator in advance of the sporting events. A letter confirming their participation in the event is required from the team coach or DUCAC. The date and
time of the events should be included. This should be sent to the practice education co-ordinator.

The student should inform their Practice educator on the first day of placement that they will require time off placement for the sports event. If the student is not progressing adequately in their clinical placement as assessed by their practice educator/practice tutors or regional placement facilitator/practice education co-ordinator it may be deemed inappropriate to take time out of their clinical placement for a sporting event. Students are not permitted time out of placement for sports training.

**Winter Vomiting Virus**
Hospital wards may be closed unexpectedly due to an outbreak of the winter vomiting virus or other hospital infections. The Discipline of Physiotherapy will try to accommodate the student in an alternative placement site if this arises. However, where this is not possible students may be unable to attend placement during this time. These clinical hours will have to be completed at a later date if the student does not achieve the minimum time required on placement or hours required to attain a degree.

**Hospital Appointments**
Students who require time off placement for a hospital appointment must provide an attendance note to the practice education co-ordinator from the medical professional they attended. Students must inform their practice educator/practice tutors or regional placement facilitator/practice education co-ordinator in advance of the appointment.

**Dental Appointments/Emergencies**
Time out of clinical placement is not permitted for routine dental appointments. These appointments should be made during non-clinical time. Exceptions to this rule can be made in an emergency situation. In this case the student must phone their placement to inform their practice educator, practice tutors/regional placement facilitator and the practice education co-ordinator.

**Other requests**
Individual requests may be made for a special event (excluding holidays) that a student requires time off from their clinical placement studies. These requests will be considered by the practice educator and/or practice tutors/regional placement facilitator and the practice education co-ordinator. If a student is not progressing adequately in their clinical placement as assessed by their practice educator and practice tutors/regional placement facilitator it may be deemed inappropriate to take time off. A full day off placement for a wedding is only permitted for immediate family members.
Section I: Professional Issues

Contents
- Rules of Conduct
- European Core Standards of Physiotherapy Practice
- Student rights and responsibilities
- Informed consent
- Patient/client confidentiality

RULES OF CONDUCT

The Rules of Professional Conduct incorporating code of ethics and guideline for professional behaviour (ISCP, 2012) set out the relevant ethical, moral, legal and professional guidelines for qualified members and students of the Irish Society of Chartered Physiotherapy and should be referred to where appropriate. The role of these Rules is to reflect the reasonable behaviour expected of a Chartered Physiotherapist as a professional. These principles are also reflected as Standards in the Society's European Core Standards of Physiotherapy Practice. The term 'physiotherapist/therapist' used throughout this document includes student members, who are also subject to the Rules of Professional Conduct. A breach could result in a formal complaint being received by the Society from a member of the public, other professional or Chartered Physiotherapist. The complaint could result in a finding of serious professional misconduct.

The Rules of Professional Conduct are available on the ISCP website www.iscp.ie.

EUROPEAN CORE STANDARDS OF PHYSIOTHERAPY PRACTICE

The European Core Standards of Physiotherapy Practice were adopted by the ISCP in June 2002. These standards are applicable to students of physiotherapy. Not all standards will apply to students, the degree to which they apply will be determined locally e.g. the degree to which tasks and responsibilities are delegated to them by a qualified physiotherapist. The European Core Standards of Physiotherapy Practice are also available on the ISCP website.

STUDENT RIGHTS AND RESPONSIBILITIES

During clinical placement students are answerable to the practice educator(s) at the clinical site in which they are placed. Occasionally conflict issues may arise between the student and practice educator. The types of issues which may arise and require discussion include: coping difficulties, unclear expectations, personal problems affecting performance or conflict. The following steps should be taken when a problem arises between a student and practice educator.

- Students should reflect on the problem, consider possible solutions and then request a time to discuss the issue with the practice educator (this should be
as soon as possible). Identify and agree a solution with the practice educator. Develop an action plan together and agree review times until resolved.

Or

- Discuss the problem with the practice tutors/regional placement facilitator/practice education co-ordinator as soon as you feel there is a problem so a solution can be found early in the placement if possible.
- If an issue cannot be resolved as outlined above a formal grievance procedure for students can be undertaken (see Appendix VIII) if required.

**Students should be aware that it is their responsibility to gain the maximum benefit from placement and seek feedback on their performance at all times. Practice educators are encouraged to provide students with ongoing feedback. The Five Minutes Feedback Form is the tool used for weekly feedback. Please remember that feedback will be scheduled for a time suitable to the practice educator.**

**INFORMED CONSENT**

- The patient’s verbal consent should be obtained before any examination/treatment is started.
- The patient’s consent to examination/treatment must be documented in the patient’s record.

The student should refer to the ISCP Core Standards of Physiotherapy Practice for a more complete explanation of informed consent.

**PATIENT/CLIENT CONFIDENTIALITY**

In the course of clinical placements, students may have occasional, regular or ongoing access to confidential material pertaining to patients, members of the public or clinical staff. The Discipline of Physiotherapy expects each student to observe the highest standards of work and personal ethics in their handling of such information. For every clinical placement undertaken, students must familiarise themselves with local confidentiality and data protection policies. All students who, as part of their normal duties, have access to any personal information relating to either patients/members of the public/clinical staff are required to treat such information with total confidentiality at all times. The access, disclosure, or discussion of personal information from any clinical source is to be for the performance of clinical duties only.

On no account must information relating to patients be divulged to anyone other than authorised persons e.g. medical, nursing, other professional staff as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient. If students are in any doubt as to the authority of a person asking information of this nature they should seek advice from the practice educator. Similarly no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the proper authority having first been given. Please refer to the WCPT Core Standards of Physiotherapy Practice adopted by ISCP May 2002. Standard 3 refers to confidentiality and is as follows:
Information that the patient gives the physiotherapist is treated in the strictest confidence

- Criteria
  - There is privacy when discussing personal details.
  - The written consent of patients is obtained before using identifiable clinical information, photographs, videos etc. for teaching or other purposes.
  - In discussion with the patient, the physiotherapist may allow healthcare workers access to patients physiotherapy records when it is of benefit to the patient.
  - Physiotherapy information is only released to sources other than those immediately involved in the patients care when there is a signed patient consent form.
Section J: Health and Safety

Contents

- Physiotherapy Department Health and Safety Policy
- Garda Vetting
- Student injury/illness during placement
- Infection Control
- Protection against infectious diseases
- Heart Saver Training
- General Health Requirements including vaccinations.
- Pregnancy and Clinical Placement
- Student Welfare
- Manual Handling Training
- Practical Examinations.
- Manual Handling

Health and Safety Policy

All clinical sites have a Health and Safety Policy. Students should be provided with this information when placement commences. It is the student’s responsibility to ensure that they are familiar with the Health and Safety Policy/guidelines of the facility to which they are assigned. For physiotherapy department records, students may be requested to sign-off on reading orientation material. Students should ask their practice educator for guidance if in doubt.

In particular, please note the policy relating to any safety incidents or any accidents which may occur to a student, a patient or colleague during clinical placement. Reporting procedures should be followed as per the facilities policy. If any other untoward incident involving a patient or student occurs during placement, it should be immediately reported to the practice educator or practice tutors or supervising Physiotherapist.

Garda Vetting

All physiotherapy students including any international students must submit a Garda Clearance Form to the Academic Registry Office in Trinity College. Generally for all undergraduate BSc Physiotherapy students this occurs when registering for the course in first year. This form is available on the TCD orientation website https://www.tcd.ie/orientation/. Garda vetting (also known as Garda Clearance) is conducted in respect of personnel working in a full-time, part-time, and voluntary or student placement capacity in any position in a registered organisation, through which they have unsupervised access to children and/or vulnerable adults. All students should be aware that it is their responsibility to submit a completed form to the Admissions Office before they commence the BSc Physiotherapy undergraduate programme.
The TCD Academic Registry (AR) Office will process the vetting requests for all relevant entrants with the National Vetting Bureau and provide documentation to the student that their Garda Clearance was successful. This document should be retained to provide as evidence of Garda Clearance for all clinical placements. The Discipline of Physiotherapy will be provided with a list of students who have successfully completed Garda Clearance from AR. The student will take responsibility for the handling and forwarding of this original document to relevant agencies (namely, clinical placement sites) from this point. If clinical sites request confirmation of Garda Clearance it will be the student’s responsibility to furnish this to the site. Failure to comply with the Garda vetting procedures including unnecessary delays in return of forms to the Academic Registry Office may result in placement cancellation.

**Student Injury/Illness during Placement**

In the event of an injury or illness that prevents the student from completing their placements arrangement will be made to facilitate missed clinical hours at the time of the placement if the clinical site can facilitate this or at a later date in the course. If the student has missed considerable time off placement the students may be required to complete the full placement e.g. an injury/illness/leave time taken in the early stages of the placement. If a student receives any injury during clinical hours or during the time period they are attending clinical placement but outside of the placement site they should inform their tutor and educator e.g. concussion etc.

**Infection Control**

During clinical placement students will be exposed to many unknown microbiological hazards. All clinical sites have a local policy on infection control measures that are standard practice in their work area. It is the students’ responsibility to read any relevant information in their policies. In particular please note policies on Swine flu, Methycillin Resistant Staphylococcus Aureus (MRSA), winter vomiting virus and Clostridium precautions.

The student must at all times follow safe working practices and adhere to all infection control policies. Cross infection is a major risk to patients within hospitals/other clinical sites. Many patients have a lowered tolerance to infection. Universal precautions should be taken with all patients regardless of their health status. Basic infection control measures of hand washing, covering cuts/abrasions with waterproof dressings, keeping hair back from face, cleaning stethoscope after each patient contact and maintaining high personal standard of hygiene is vital. Students should be guided by their educator and consult them if in any doubt about correct procedure.

In the event of becoming aware of contracting any infectious disease e.g. Hepatitis B, Hepatitis C, pulmonary tuberculosis, chickenpox or measles etc. the student should consult their medical advisor to confirm whether they are or are not contagious. If the disease is contagious, a medical certification confirming the diagnosis should be obtained and the student should refrain from patient contact until cleared medically.
The student must also inform their placement site so that patients who may have been exposed during an infective period can be identified.

Our Lady’s Children’s Hospital Crumlin (OLCHC) requires an ‘**OLCHC Immunity Status Form**’ [to be completed and submitted two weeks in advance of placement before students can commence placement](#). Students must get an updated form completed by their GP or college health. The original vaccination screening form submitted to the Discipline of Physiotherapy in first year is not valid. OLCHC Immunity Status Forms are available on the website. If the appropriate documentation is not provided two weeks in advance of placement or if it transpires that the student has not had all of their vaccinations placement may be cancelled or delayed.

Education on infection control which includes universal precautions and practice of correct hand washing technique is included in the Preparation for Clinical Placement course. Students are required to complete the HSE Hand Hygiene online course and retain the certificate confirming successful completion.

**Protection against Infectious Diseases**

**Physiotherapy**: Students accepted on to the undergraduate Physiotherapy programme, must be immunised against Hepatitis B, Hepatitis C, Measles, Rubella, Tuberculosis and Varicella unless immunity as a result of natural infection or previous vaccination has been documented. In the interests of reducing the risk of the transmission of infectious disease, **all new entrants must attend Trinity College Health Service or their medical practitioner before the first Friday in October of first year. Test results provided must be carried out not more than six months prior to entry.** Students admitted to this course who have a negative Hepatitis B blood result but not already deemed to be immune to Hepatitis B will be required to undergo a course of vaccination. Student who have a negative Mantoux test will be advised to have BCG vaccination. Overseas applicants are advised to undergo testing in their home country and to forward the result to the Discipline of Physiotherapy. Further information relating to vaccination requirements is available from the Discipline of Physiotherapy.

The Discipline of Physiotherapy facilitates a course of Hep B vaccinations (three injections) through College Health for a fee. Dates and times of injections and a record sheet for the injections are provided to students at the beginning of the year. It is the student’s responsibility to attend for all three injections. A yellow ‘Hep B vaccinations record’ sheet must be brought to each appointment and signed and stamped by TCD College Health.

All students are required to get their titre levels checked 6 weeks after the vaccination course is finished. It is the student’s responsibility to arrange this appointment an additional €15 is charged for this blood test if undertaken in College health. Students are also required to attend College Health to receive their blood results in person. Official test results are required to be sent to the Practice education co-ordinator before clinical placement commences. All costs associated with tests for infectious diseases and vaccination must be met by the student.
Heart Saver Training and First Aid Training
All students are advised to complete a first aid course before going on placement. A first aid course is offered by the School of Medicine, in Junior Freshman year. Students are offered this course during first or second year.

The American Heart Association Heartsaver CPR AED training is provided by the Discipline of Physiotherapy as part of the Preparation for Clinical Practice course in Practice Education I Module. It is the student’s responsibility to ensure they receive a certificate of completion of the course from the course instructor when the class is completed. Certification of Heartsaver CPR AED training should be retained for proof of completion of the course for clinical sites.

General Health Requirements for Clinical Placement
It is the responsibility of the student to ensure that they are ‘fit’ to carry out the clinical component of the physiotherapy course. This encompasses all aspects of health in terms of physical and mental health and wellbeing. If a student has any concern regarding their fitness for placement, they are advised to talk with their College Tutor or the practice Education Coordinator as soon as possible. This will ensure that the appropriate arrangements can be made to facilitate a student to complete the clinical component of the course at an appropriate time.

Pregnancy and Clinical Placement
Students who become pregnant during their course of study must inform the Head of the Discipline of Physiotherapy or practice education co-ordinator as soon as possible. This is of particular importance in relation to clinical placement and participating in practical classes. Once the practice education co-ordinator is aware of the pregnancy, arrangement can be made for a suitable placement as appropriate. The facility to which the student is assigned on clinical placement must be informed for health and safety reasons of the pregnancy. The student should follow any local policy that might pertain to them. Placement selection will be made at the discretion of the practice education co-ordinator with the physiotherapy student through a process of mutual agreement. Any dates required off from placement should be discussed with the Head of the Discipline of Physiotherapy or Practice education co-ordinator.

Health care workers can be at risk during pregnancy, potential risks include exposure to respiratory infection or more serious infections e.g. TB, HIV, Cytomegalovirus, Varicella-zoster or Hepatitis etc. There is also the risk of exposure to toxic drugs, chemicals, needle stick injury, ionizing radiation (x-ray) or electrotherapy in the clinical environment. Other risks on clinical placement relate to manual handling and possible exposure to hostility from patients.

Student Welfare
All students, hospital staff, patients, members of the public or any other person in the clinical placement site should be treated with dignity and respect. All clinical sites have a policy which protects against bullying, harassment and sexual harassment. Workplace bullying is repeated inappropriate behaviour, direct or indirect, whether
verbal, or physical or otherwise, conducted by one or more persons against another or others, at the place of work, which could reasonably be regarded as undermining the individual’s right to dignity in the workplace. An isolated incident of the behaviour described in this definition may be an affront at work but as a once off incident is not considered to be bullying.

Harassment is any act or conduct including spoken words, gesture or the production, display or circulation of written words, pictures or material if the action or conduct is unwelcome to a person and is reasonably regarded as offensive, humiliating or intimidating. Harassment is inappropriate behaviour based on the relevant characteristic of a person such as race, religion, age etc. Harassment may consist of a single incident or repeated inappropriate behaviour.

Sexual harassment is a form of discrimination on gender grounds. Sexual harassment can be described as persistent unwanted and offensive sexual innuendoes, propositions or physical contact. It includes all forms of harassment from unpleasant remarks to sexual assault and may include some of the following: repeated or unwanted verbal or physical abuse or advances, demands for sexual favours, compromising invitations, offensive use of printed material, sending threatening email or email that constitutes sexual harassment, sexual assault or rape. Sexual harassment may consist of a single incident or repeated inappropriate behaviour. It may be targeted at a single person or a group of people.

Please review local policies and procedures if you need further guidance. If any issues arise when on clinical placement please discuss it with your practice tutors/practice educator/practice education co-ordinator/physiotherapy manager or other appropriate member staff in the clinical site. Further information is available from TCD Student Services.

Manual Handling and Physiotherapy Techniques
Manual handling training is undertaken as part of the Musculoskeletal Systems Module in second year. All students must successfully complete their manual handling exam before they are permitted to undertake clinical placement at the end of second year.

Practical Exams
Students must successfully complete the practical exams in the following modules before clinical placement can be undertaken: Neurology, Respiratory and Musculoskeletal Modules. These exams test fundamental levels of safety and competence in the practical skills acquired during the modules. Failure to complete the assessment will require the student to re-sit the practical assessment at another time within the academic year before proceeding to the clinical component of the course. Failure at a second attempt may require a student to re-sit the year unless there are extenuating circumstances.
LEARNING OBJECTIVES FOR CLINICAL PLACEMENT

Learning objectives are specific personal statements of learning needs that are intended to be achieved within a definite period of time e.g. within a module/clinical placement. Students are required to set individual placement learning objectives with the practice educator and/or practice tutors for every clinical placement undertaken. Objectives should be set by the end of the first week of placement. This allows for the student to gain a general insight into the patient type and caseload in the clinical area and gives time for the educator to assess the student understanding of their learning needs. From P1 on the student should draw up a preliminary list of objectives before placement and which can be refined with their educator during placement. General learning objectives for each Practice Education Module are set out in Section D. These can be used as a reference resource when planning placement objectives. The TCD Placement Objectives Form is available on the website https://medicine.tcd.ie/physiotherapy/practice-education/

All agreed placement learning objectives should be S.M.A.R.T.

**Specific**  
Contain a definite statement of intent or action that can accurately be measured. Contains an action verb/performance verb.

**Measurable**  
Measurable (an achievable standard by which performance can be measured) e.g. accurately describe, independent, competent in a specific assessment, accurately demonstrate a specific test, understand a disease process or theory behind specific treatment etc. What evidence can be provided to demonstrate the learning and measurement?

**Achievable**  
Is the objective agreed with you clinical supervisor as being achievable within the timeframe of placement? or completed to a satisfactory level after x amount of time?

**Realistic**  
Do opportunities exist to complete the objective within the timeframe? Is it a realistic task for your level?

**Timed**  
Can the learning objective be achieved within the time agreed? e.g. can the objective be completed in 1 week, by midway or by the end of the placement?
The Placement Learning Objectives Form should be viewed as a working document that should be revised and added to regularly as needed during the course of the placement. Students should review their placement learning objectives at least once a week. If progress is not being achieved on any one of the objectives it should be discussed with the practice educator/practice tutors. Learning objectives should always be reviewed and adjusted as necessary with the practice educator at the midway assessment.

An example of **NON-SPECIFIC OBJECTIVE** – P2 third year student undertaking an elective orthopaedic placement.

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation/evidence of achievement</th>
<th>Objective achieved?</th>
</tr>
</thead>
</table>
| **What do you want to achieve/learn?**  
**What timeframe have I set?** | How will I go about learning/perfecting the task? | What evaluation will be used? Who/what will confirm if the objectives have been completed? | Yes/No. |
| Complete an orthopaedic assessment by the end of placement | Observe supervising clinician  
Read books | Practice educator and tutor | No. |

Example of a **SPECIFIC APPROPRIATE OBJECTIVE** – P2 third year student undertaking an elective orthopaedic placement.

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation/evidence of achievement</th>
<th>Objective achieved?</th>
</tr>
</thead>
</table>
| **What do you want to achieve/learn?**  
**What timeframe have I set?** | How will I go about learning/perfecting the task? | What evaluation will be used? Who/what will confirm if the objectives have been completed? | Yes/No. |
| 1. Complete a pre-operative subjective and objective orthopaedic hip assessment independently by the end of the third week of placement.  
Objective assessment skills include: Observe/measure and record: | Read relevant  
- Anatomy of joints  
- OA  
- Protocols  
- Assessment form currently used  
- Lecture notes on musculoskeletal and orthopaedic assessment | I completed six pre-operative hip assessments with supervision and feedback – I adjusted my assessment based on feedback provided.  
Patient SOAP notes on hip assessments. The | Yes, I am independent in completing a routine an pre-operative orthopaedic assessment |
An example of a specific appropriate objective for a second or third year student

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – reading material, internet, techniques, tools, practice etc.</th>
<th>Method of evaluation/evidence of achievement</th>
<th>Objective achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you want to achieve/learn? What timeframe have I set?</td>
<td>How will I go about learning/perfecting the task?</td>
<td>What evaluation will be used? Who/what will confirm if the objectives have been completed?</td>
<td>Yes/No.</td>
</tr>
</tbody>
</table>
| I want to improve my knowledge of the roles of MDT members | 1) Review roles of MDT members  
2) Clarify roles of MDT with senior & discuss when communication with MDT would be appropriate  
3) If possible ask my senior to arrange for me to shadow MDT members e.g. - Speech & Language:  
- Occupational Therapist:  
- Dietitian:  
4) Attend an MDT meeting | Explain roles of MDT to my senior – feedback on accuracy.  
Explain roles of MDT as part of my case presentation.  
Appropriate referral to MDT for caseload. | Unable to shadow dietitian – aim to complete in next placement |
An example of a specific appropriate objective for a fourth year student

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation/evidence of achievement</th>
<th>Objective achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you want to achieve/learn? What timeframe have I set?</td>
<td>How will I go about learning/perfecting the task?</td>
<td>What evaluation will be used? Who/what will confirm if the objectives have been completed?</td>
<td>Yes/No.</td>
</tr>
<tr>
<td>1. Understand and be able to explain the principles of Bi-PAP. State the indication and contraindication for BiPAP. Use Bi-PAP treatment effectively (under supervision) with an appropriate patient.</td>
<td>Read the relevant theory</td>
<td>Assisted educator using Bi-PAP six times. Provided Bi-PAP treatment for appropriate patients with educator observing 3 times – feedback given by educator re my level of independence. Case presentation on Bi-PAP to other students explaining theory and use of Bi-PAP.</td>
<td>Yes. No further action required.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Read the relevant theory • Anatomy of the respiratory system • Mechanisms of supported ventilation • Lecture notes • Tutorial notes Revise indications and contraindications Attend in-service training and practical session on Bi-PAP Practice using Bi-PAP on face model Observe Bi-PAP being used on a number of patients. Practice the use of Bi-PAPAP with Practice educator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UNDERGRADUATE LEARNING PORTFOLIO (PLANNED AND UNPLANNED LEARNING ACTIVITIES)

As part of developing reflective practice skills students are required to undertake reflect practice during clinical placement. Keeping a record of undergraduate learning provides a tool to help students become reflective practitioners. Reflective practice also helps foster skills which will facilitate meaningful self-monitoring of continuous professional development (CPD) as a graduate. The reflective undergraduate learning portfolio is owned and maintained by the student. Students are required to document one ‘Planned learning activity’ and one ‘Unplanned learning activity’ during each clinical placement. Completion of a planned and unplanned learning activity is confirmed by the Practice Educator (PE) / Practice tutors (PT) in Part 2 of the CAF. The PE or PT is encouraged to feedback to the student about their reflection. This can be facilitated as part of midway or final assessment feedback. Alternatively, students can present their ‘Planned learning activity’ and one ‘Unplanned learning activity’ to the practice education co-ordinator if activities are not signed by a PT or PE for feedback. See ‘Placement Resources for Students’ tab on the website. https://medicine.tcd.ie/physiotherapy/practice-education/

TCD STUDENT CV

All students are required to send their TCD Student CV two weeks in advance of placement from P2 – P6 inclusive. The TCD Student CV provides information regarding the students previous placements, clinical experience gained, areas of strength and areas that need to be developed. It acts as an indicator of a student’s preparation and planning for the placement and it helps the practice educators plan for the placement. The form is available on the website https://medicine.tcd.ie/physiotherapy/practice-education/

LEARNING STYLES

It is well documented that different people learn in different ways. Students learn in many different ways and individuals can have a mix of styles. Honey and Mumford (1982) grouped these different learning styles under the following headings:

- Activist
- Reflector
- Theorist
- Pragmatist

Activist Open minded, concerned with the here and now, enthusiastic about new things, filled with activity, likes crisis, likes brainstorming, thrives on a challenge, gregarious
**Reflector**  Likes to ponder, likes to stand back and view events, cautious and thorough, likes to take a back seat, and likes to keep a low profile

**Theorist**  Logical, likes to take the step-by-step approach, is rational, concerned with basic concepts, detached and analytical

**Pragmatist**  Practical, likes to try out theories and ideas, acts quickly, likes problem solving, likes new ideas, and likes to get on with things

Understanding learning style preference, Belbin team roles and the ‘Individual and the Organisation’ are explored with students during Professional Issues 1. Students are encouraged to provide clinical sites with their learning style information before commencing placement. This will allow the practice educator/practice tutor to consider the learning environment and the student’s style and how it might be facilitate during placement.
SECTION L: PREPARATION FOR THE PRACTICE EDUCATOR

New practice educators are requested to undertake the ‘Introduction to Practice Education’ study day. For practice educators unable to attend this course on site education is provided by the practice education team. In addition the practice education team provide in-service education and an interdisciplinary study day during the year for experienced Practice educators. A practice education course also is available on HSELand to augments resources on the TCD website.

General requirement for new practice educators:
- Have two years clinical experience
- Maintain on-going up-to-date CPD
- Adhere to HSE/employers policies and European Core Standards of Practice
- Have an interest and commitment in student education
- Undertake the Introduction to Practice Education Study Day and/or on site education before placement commences.

Creating a Positive Learning Environment

In Ireland, physiotherapy students must spend at least 1000 hours participating in clinical practice. The role of the practice educator in creating and sustaining a positive learning environment is essential to the student in order to allow them to gain the utmost from clinical placement. Practice educators act as a powerful role model for students and play an important role in fostering professional behaviour (MacDonald et al, 2002). The relationship between the student and the mentor has been found to have an important influence on the quality of the placement learning experience (Lefevre, 2005). To create and sustain a positive learning environment the practice educator must consider three phases of student management: pre-placement; during placement and after placement is completed. The Guidelines for Good Practice in Practice Education support and enable the process of practice based learning by setting standards for all stages of the practice education process.

www.medicine.tcd.ie/physiotherapy/practice-education

Pre-placement Management:

This involves identifying any learning needs a practice educator may have prior to the student placement and evaluating themselves as a mentor. Practice educators may find it helpful to identify any strengths, weakness, opportunities or threats they have that may affect the learning environment. It may also be helpful to have students carry out an evaluation of their performance as a mentor at the end of placement. Education and training is provided by the Discipline of Physiotherapy in annual practice education study days. All physiotherapist undertaking supervision of student are highly recommended to attend these study days. Onsite education relating to student supervision is also provided by the practice education team as needed. On-
ongoing education in student supervision is recommended to keep abreast of new ideas or developments in clinical education.

It is important to evaluate the learning environment for students in a clinical site prior to placement commencement. Is there enough space for the students to write notes or study? Is there adequate equipment available to the students? Practice educator are recommended to familiarise themselves with the students TCD Student CV. Students send this two weeks in advance of placement and outline their placement experience and skills developed in previous placements. Learning styles are identified in the CV.

**Placement Management:**

- At the start of the clinical placement it is important that the practice educator *orientates* the student about the structure and running of the physiotherapy department and hospital setting (Induction).
- Clearly identifying and setting *ground rules* at the beginning of placement is a priority. Clear understanding of these by the student must be determined at the start to avoid any confusion or misunderstanding at any point in the placement. Both students and practice educators expectations should be discussed to ensure there is not a mismatch and avoid future confusion.
- A flexible but *structured timetable*, based around the learning opportunities available in the clinical site should be given to the student at this time.
- **Placement learning objectives** are *specific personal statements of learning needs* that are intended to be achieved within a definite period of time e.g. within a module/clinical placement. Students identify their placement learning objectives towards the end of the first week of placement. This allows for the student to gain a general insight into the patient type and caseload in the clinical area and gives time for the educator to assess the student understanding of their learning needs. The Placement Learning Objectives Form is available on the website is used for this purpose. It is a valuable tool, as it allows clarification of what the student personal goals are and what the student expects to see/do/learn during their placement. This form guides the student towards setting S.M.A.R.T objectives. Objectives should be reviewed on a regular basis throughout the placement to ensure they are being met. It should be completed with the practice educator as this creates an awareness of both student and practice educator’s expectations, ensure appropriateness and suitability of the objectives and helps minimise conflict and confusion during placement. Adequate time needs to be set aside to review the form with the student.

To maintain a positive learning environment throughout the placement several approaches should be incorporated:

- Use of different teaching and learning methods such as observation, hands-on practice, attending in-services, operating theatre visits, delivering presentations, audio-visual aids, skills practice sessions and use of equipment.
Please see the ‘Teaching on the Run’ PowerPoint presentation under the practice educator/tutor resources tab on the TCD practice education website.

- Giving regular constructive feedback and letting the student know how they are progressing and achieving their goals. A weekly Five Minutes Feedback Form is available and recommended to be used weekly to ensure the student and the Practice educators are clear regarding goals for each week. Depending on the feedback the form may take longer than five minutes to complete. When giving constructive criticism, specific examples of the students’ actions should be given as soon as possible after a patient review or on the day rather than days or weeks later. It is important to highlight the problem but focus on the solution. Please see ‘Giving Effective Feedback’ further on in this section of the handbook. A further resource on feedback skills is available on the TCD practice education website ‘Making Your feedback Work’ under the practice educator/tutor resources tab.

- Understanding and correct use of the clinical appraisal form is important to unsure an appropriate grade is awarded to the student. It is essential that the clinical educator is familiar with the Common Assessment Form (CAF) to enable an accurate measurement of the students’ performance. The form must be used at midway and at the end of the placement and written constructive feedback given to the student using this form at both times. Please see Section E in this handbook for further information on using the form.

- Case presentations by the students to other students and physiotherapists are undertaken in the final week of placement and are used to improve the student’s presentation skills and demonstrate their clinical reasoning skills as well as consolidation of learning on placement through reflection.

- A standard Clinical Reasoning Form for students is available on the TCD website. This form was developed by the UCD and TCD practice tutors and permission to make the form available on the TCD website has kindly been provided by UCD. It is recommended that student complete one in the first and second half of the placement. Educators are asked to give brief direction/feedback on aspects of the case that may have been missed by the student and the student to reflect further.

Post-Placement Management:

Once the student’s learning experience is complete, it is useful to evaluate the placement from the student, clinical educators’, managers’ and the schools’ perspective in order to improve upon the experience for the next placement. The evaluation should include items such as level of preparation of the student for the placement, preparation of practice educator for the placement and level of supervision required. A short podcast on Creating a Positive Learning Environment is available on the TCD Discipline of Physiotherapy website under the Practice Educator Resources tab.
GUIDELINES FOR PRACTICE EDUCATORS REGARDING SUPERVISION /CASELOAD

The purpose of supervision is twofold: to provide a directed learning environment and ensure safe and effective assessment and treatment of patients. Supervision consists of observation of a student performance, evaluation of the performance and feedback to the student regarding that performance. Feedback includes positive reinforcement, constructive criticism and suggestions for improvement. Depending upon the skill demonstrated by the student, the nature of the practice environment and the type of patients requiring care, the degree and amount of supervision will vary.

The following are suggestions for supervision:

1. If the student has not had previous experience in particular cases, the student should first observe an assessment and/or treatment performed by the practice educator. This should be negotiated with the student as it is possible that they have a different learning style.

2. Agreed feedback procedures should be confirmed before an assessment/treatment session e.g. the educators may wish to give direct feedback during a session to ensure patient safety and demonstrate an alternative handling or test procedure. This should be outlined to the student before the session begins. Most feedback comments should be relayed to the student away from the patient in order not to comprise the patient/student rapport. Measures to ensure appropriate communication in the presence of patients should be discussed at the outset of the placement.

3. After a period of observation, the student should perform components or a full assessment/treatment (depending on their level), of a similar case already seen under direct supervision of the practice educator.

4. While observing the student, the practice educator should offer immediate feedback regarding the quality of the student’s performance based on the standard required by the CAF.

5. Where a procedure is thought to be unsafe, the practice educator should intervene as necessary, and review and discuss the situation with the student away from the patient. This should be done in a positive manner which involves the student while maintaining the patient rapport. Experimenting and making mistakes are part of the learning cycle and students should be supported in this process. Rather than telling the student “this is not how you perform this technique” a more effective method may be to say “I find if you position the patient in this way, your test result is more reliable”. By intervening in this way, patient confidence in the student is not undermined and the student will learn more in a non-threatening environment.

6. When the practice educator believes the student’s assessment and treatment techniques are safe and effective, the amount of direct supervision may be reduced. Intermittent observation and feedback is continued at the discretion of the Practice educator to ensure assessment and treatments are modified and/or progressed as appropriate. Regular observation and feedback are also important to ensure that the formal evaluation the student receives is objective and valid. Providing students with responsibility is an important
factor in developing the student’s sense of themselves as a professional person (Clouder, 2009).

7. The practice educator and student may find it helpful to regularly spend time each day organising and discussing treatment plans and other daily events.

Caseload

A sufficient caseload should consist of a variety of patients and adequate numbers of patients to broaden the student’s experience and develop assessment/treatment and organisational skills when possible. Generally, the caseload volume will be low at the beginning of the placement but towards the end of the placement the student should be able to manage an increased regular caseload.

While educational experiences (such as attending surgical procedures, ward rounds, in-service education, student presentation) are a valuable adjunct to the student’s clinical experience, the majority of the student’s experience should be directly involved with patient care and those administrative aspects which support the delivery of that care.

GIVING EFFECTIVE FEEDBACK

Feedback is information about how a student performs in relation to a stated goal. Effective feedback has several functions. Firstly, it provides information about what happened or what task the student carried out. Secondly, it can be used as an evaluation of how well or otherwise a task was performed. Thirdly, it can be used as a guide to improve the performance of a student.

Effective feedback is an essential tool in the teaching-learning process. It helps empower students as self-regulating independent learners and to foster a deep approach to learning. Effective feedback can increase motivational beliefs and self-esteem and improves practice educator and practice tutors satisfaction. There are three conditions that are necessary for students to benefit from feedback:

1. A clear understanding of the goal or standard being aimed for.
2. A comparison must be made between the actual level of the students’ performance with the specific goal or standard.
3. The student must engage in appropriate action that will lead to some closure of the gap in performance (Sadler, 1989).

Giving feedback at the appropriate time with specific examples on a particular task carried out by the student is key to giving the student effective feedback. The level of task performance must be clear so that the student understands what is being asked of them (provide the students with a picture of what you see as success). Students need to understand and accept the feedback they have been given therefore clear accurate language is paramount. The students’ perspective should be sought at the time and time allowed to respond particularly when written feedback is provided.
The feedback should be delivered in a **supportive climate** and followed up with an **action plan** with specific suggestions. It should be highlighted at this stage what the consequences would be if the student behaviour or actions are not changed or modified. Clear communication throughout entire process should be ensured between practice educator and student. It is important to note that feedback is not reserved for just poor performance.

Approaching feedback as a dialogue between the students and the practice educators builds the students engagement in the process. Including self-assessment in the feedback can be used to start the ‘feedback conversation’ e.g. What went well? What needs to improve? How to improve (action plan).

One model of feedback which uses self-assessment is the Pendleton Model:
- Step 1 – The learner states what was good about his/her performance
- Step 2 – The teacher states areas of agreement and elaborates on good performance
- Step 3 – The learner states what was not correct or could have been improved
- Step 4 – The teacher states what he/she thinks could have improved

The final step to include here is an action plan ‘How to improve’. What practice, learning experiences etc. can be used to improve the student’s performance. The students should be allowed to consider how they can move forward and develop an action plan. However, students may need guidance to develop an action plan. Using the Five Minute Feedback form can also provide an opportunity to self-assess and reflect. It is important to remember effective feedback is a continuous process and that follow-up is of great importance. A short podcast on Giving Effective Feedback is available on the TCD Discipline of Physiotherapy website under the Practice Educator Resources tab.

**Recommended reading/podcasts:**

- **The TCD website** practice educator / tutor resources [https://medicine.tcd.ie/physiotherapy/practice-education/](https://medicine.tcd.ie/physiotherapy/practice-education/)

- **www.hseland.ie** An online modules for the education of practice educators have been developed for the HSE and is available on HSELand.
- Login to HSELand
- Click on Hub (left hand side)
- Click on Health and Social Care Hub
- Go to the box titled ‘Working with Students’,
- Click Practice Educator on left hand side,
- Choose Learning and Support and the last dropdown menu - Interactive Workbooks is the online course.
- Other useful resources are:
  - **London Deanery website.**
  - **Practice Educator Competencies**
TCD PRACTICE EDUCATION CLINICAL SITE AUDIT FORM

The practice education annual audit (based on the ISCP/HSE Guidelines for Good Practice in Practice Education) should be completed by the practice educators/ practice tutors on all clinical sites prior to the start of each academic year.

Please tick yes/no to each question and summarise findings at end

Abbreviations:

TCD PRACTICE EDUCATION CLINICAL SITE AUDIT

Please tick yes/no to each question and summarise findings at end

Abbreviations: practice educator: PE, practice tutors: PT, regional placement facilitator: RPF

Placement site________________________________________________________

Year_______________________________________________________________

1. Are these documents available in your clinical site?
   - Current Practice Education Handbook (Website)
   - Current Curriculum document
   - Learning outcomes for each level of practice education (Practice Education Handbook)
   - Guideline for Good Practice in Practice Education (ISCP website)
   - Practice Educators Competencies (ISCP website)

2. Placement allocation information available to the PT/PE?
   - Is the clinical site supplied with a projected yearly placement list of placements four weeks in advance of the academic year.
   - Throughout the academic year are the students names, stage on the course and placement dates available four weeks prior to placement.
   - Are any changes affecting clinical placements allocation communicated immediately to the PT/RPF/PE prior to commencement of placement?

3. Does the student have the following information prior to the commencement of the placement?
   - Clinical contact number in the pre-placement information and a contact email address (submitted by clinical site in pre-placement information).
   - Specific area of placement (outlined in placement list from Practice education co-ordinator)
   - Uniform requirement (Practice Education Handbook)
   - Pre-placement reading list (submitted by clinical site in pre-placement information)
   - Information about public transport/car parking (pre-placement information).
   - Access to computer/internet (pre-placement information).
   - Reporting time on Day 1 of placement (pre-placement information).
   - Accommodation information if applicable (pre-placement information).
   - Unit specialities (pre-placement information).
   - Information re on-site library (if applicable)(pre-placement information).
4. Does orientation include information about the following?

<table>
<thead>
<tr>
<th>Information provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and contact details of PT/RPF, college support person.</td>
</tr>
<tr>
<td>Name of physiotherapist to bleep in event of difficulties.</td>
</tr>
<tr>
<td>How bleep system works.</td>
</tr>
<tr>
<td>Relevant telephone numbers.</td>
</tr>
<tr>
<td>Changing facilities.</td>
</tr>
<tr>
<td>Start time/ Lunch hour / Finish time.</td>
</tr>
<tr>
<td>Accident &amp; emergency procedures.</td>
</tr>
<tr>
<td>Procedure in the case of an accident to student or patient being treated by student.</td>
</tr>
<tr>
<td>Local infection control policies.</td>
</tr>
<tr>
<td>General information about department e.g. canteen, shop, staff room access etc.</td>
</tr>
<tr>
<td>Staff structure.</td>
</tr>
<tr>
<td>Specialities of department.</td>
</tr>
<tr>
<td>How to record statistics.</td>
</tr>
</tbody>
</table>

5. Prior to the commencement of the placement does the PE/PT/RPF undertake the following?

<table>
<thead>
<tr>
<th>Task undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review the learning outcomes of the placement.</td>
</tr>
<tr>
<td>Plan the students &amp; clinicians caseloads.</td>
</tr>
<tr>
<td>Take into account students level &amp; local learning opportunities.</td>
</tr>
<tr>
<td>Plan induction period for the student.</td>
</tr>
<tr>
<td>Identify &amp; contact any other team member who may be involved in the learning process.</td>
</tr>
</tbody>
</table>

6. On placement does the PE/PT/RPF?

<table>
<thead>
<tr>
<th>Task undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set ground rules regarding clinical site expectations in within the first week of placement.</td>
</tr>
<tr>
<td>Ensure the placement meets the learning outcomes/expectations of the Discipline of Physiotherapy.</td>
</tr>
<tr>
<td>Ensure the student takes advantage of potential learning experiences of the placement.</td>
</tr>
<tr>
<td>Provide regular feedback to the student regarding their performance. Use the Five Minute Feedback Form for weekly feedback and review of objectives.</td>
</tr>
<tr>
<td>Provide regular feedback to the tutor regarding the student’s performance (at least once weekly)</td>
</tr>
<tr>
<td>Provide advisory support to the student as necessary.</td>
</tr>
<tr>
<td>Liaise with the PT/RPF on placement management.</td>
</tr>
<tr>
<td>Placement providers must ensure the health &amp; safety of students whilst on placement.</td>
</tr>
</tbody>
</table>

7. On placement do Practice educators:

<table>
<thead>
<tr>
<th>Task undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make alternative arrangements for students in case of PEs absence?</td>
</tr>
<tr>
<td>Explore all possible models of clinical education in their clinical area e.g. 2 or more students to one supervisor.</td>
</tr>
</tbody>
</table>
In the case of split placements, communicate effectively and share a common approach to clinical education. Is a lead PE identified to the student?

Promote a culture of support for practice based learning within the department.

Involve the whole team in the learning process.

<table>
<thead>
<tr>
<th>8. Do these criteria pertain to Practice educators in your site?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have practised physiotherapy for at least two years.</td>
</tr>
<tr>
<td>Undertake regular CPD in practice education.</td>
</tr>
<tr>
<td>Demonstrate a positive commitment to physiotherapy student education.</td>
</tr>
<tr>
<td>Receive appropriate training prior to taking students i.e. attend ‘Introduction to Practice Education Study Day’ run by HEI or get individual training from PT/RPF.</td>
</tr>
<tr>
<td>Aware of ISCP Practice Education Competencies and Practice Education Pathway.</td>
</tr>
<tr>
<td>Competent in identifying &amp; developing education opportunities for students in their area of practice.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Does the following apply to students on placement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written placement objectives are negotiated between the student PE +/- PT/RPF by the end of the first week of placement.</td>
</tr>
<tr>
<td>Student wears a name badge at all times.</td>
</tr>
<tr>
<td>Students adhere to uniform guidelines in Practice Education Handbook.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Does the PT/RPF liaise with the student &amp; PE on the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timetable of tutorials/sessions with student.</td>
</tr>
<tr>
<td>Monitoring the students’ progress &amp; their learning experience.</td>
</tr>
<tr>
<td>Facilitating learning within the placement parameters.</td>
</tr>
<tr>
<td>Provide support &amp; guidance in the student(s) assessment programme.</td>
</tr>
<tr>
<td>Provide feedback on performance (e.g. daily or after each patient if possible).</td>
</tr>
<tr>
<td>Provide feedback on placement management to PE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Does the PT/RPF liaise with HEI and PE on the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student or placement issues (HEI and PE) as appropriate.</td>
</tr>
<tr>
<td>Communicate information from the HEI to the PE as appropriate.</td>
</tr>
<tr>
<td>Audit clinical marks once yearly and feedback as appropriate.</td>
</tr>
<tr>
<td>Audit student feedback and feedback to PE as appropriate. Make changes to practice education practices as appropriate.</td>
</tr>
<tr>
<td>Complete annual report for department manager and HEI.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. Written feedback/grievance procedure on placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are procedures in place for dealing with grievances and all parties (University/students/placement providers) are aware of them (Practice Education Handbook/clinical site policies)</td>
</tr>
<tr>
<td>TCD Discipline of Physiotherapy procedures for grievances are available (Practice Education Handbook).</td>
</tr>
</tbody>
</table>
Institutions investigate & respond to reasonable grievances about clinical placements as appropriate.

<table>
<thead>
<tr>
<th>13. Assessment process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation should include assessment forms.</td>
</tr>
<tr>
<td>PE/PT/RPF should organise assessment opportunities to enable them to monitor a student’s performance.</td>
</tr>
<tr>
<td>Regular formal &amp; informal feedback should be given to the student on their progress on placement.</td>
</tr>
<tr>
<td>In the event of a weak student, early contact should be made with the PT/RPF/university.</td>
</tr>
<tr>
<td>The PE/PT/RPF who spends most of their time with the student should complete the clinical assessment form and feedback to the student if possible. The form can be completed collaboratively when more than one physiotherapist or tutor on site who supervises the student.</td>
</tr>
</tbody>
</table>

Any comments from any of the above sections:

Could you summarise the needs/deficiencies identified from the above tables in your placement site
Section M: Documentation

INTRODUCTION TO DOCUMENTATION ON CLINICAL PLACEMENT

Everyday physiotherapists document what they do with patients – documentation is as integral a part of the patient care process as the assessment (Ax) and treatment (Rx) of patients.

Purposes of documentation
- Legal document – part of patients medical record
- Method of communication with other staff
- Organise thought processes
- Accountability
- Research

European core standards of professional practice adopted by ISCP May 2002
Standard 14 – documentation
- “To facilitate patient management and satisfy legal requirements, every patient who received physiotherapy input, must have a record which includes information associated with each episode of care”
- “Keeping records is an essential part of a physiotherapist's duty of care to the patient and the physiotherapy profession”

Remember the following when writing in a medical record
- Accuracy
- Brevity
- Clarity
- Legible handwriting
- Errors – cross out and initial the errors; do not use Tippex
- Signature+ BLOCK CAPITALS+ co-signed by Practice educator
- Abbreviations – some are permissible; check local guidelines.
- Blank lines – don’t leave any

INTRODUCTION TO THE PATIENT RECORD

The patient record consists of 6 components

1. Database – (a) background (b) subjective (c) objective
2. Analysis and Problem list
3. Treatment plan
4. Short and long term goals
5. Progress notes (SOAP notes)
6. Discharge summary
This is a system of Problem Orientated Medical Recording (POMR). Patient’s individual problems are recorded and addressed as part of a total treatment program. This method of medical recording also includes other information that is pertinent to the care of the patient.

**Purpose of the Problem Oriented Medical Record**

- To improve communication among all those caring for the patient.
- To display the assessment, problems and plans in an organised format that facilitates patient care
- For use in record review and quality control

Every therapist will have their own style of writing but it is important that each student take note of the details recorded and note how they help formulate a problem list/treatment plan and detail the therapist’s clinical reasoning

During an initial assessment with a patient, the process of assessment and decision making occurs as follows:

<table>
<thead>
<tr>
<th>WHAT THE PHYSIO DOES</th>
<th>PORTION OF THE NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read chart on referral</td>
<td>Background</td>
</tr>
<tr>
<td>Interview patient &amp; plan for objective assessment.</td>
<td>Subjective</td>
</tr>
<tr>
<td>Carry out objective tests</td>
<td>Objective</td>
</tr>
<tr>
<td>Interpret information from chart, Subjective, objective</td>
<td>Analysis and problem list</td>
</tr>
<tr>
<td>Set goals with patient</td>
<td>LTGs and STGs</td>
</tr>
<tr>
<td>Select course of action</td>
<td>Treatment plan</td>
</tr>
</tbody>
</table>

### 1. DATABASE

Prior to implementing a course of treatment, the student needs to find out some background information on your patient and assess your patient.

Database consists of

- (A) Gathering background information on the patient
- (B) Gathering subjective information
- (C) Objective examination
This contributes to the identification of patients’ problems and forms a baseline for the evaluation of patient progress in response to treatment. It also directs the course of the objective examination.

(A) Gathering background information

The information may be obtained from a combination of:

- The patient’s medical records - inpatients
- The patient - outpatients
- The patient’s family (collateral history)

For inpatients, read the medical notes to find out as much as possible about the patient prior to assessment. Information from the medical notes will help students in their clinical reasoning process and form the database for their written notes. Students should have a good picture of the patient when the patient notes are read.

Normally information in the medical notes is recorded in a standardised format making it easier to extract relevant information (relevant = any factor contributing to present situation and anything which may affect patient management)

The background information includes:

**Patients Personal Data** –
Name/DOB/Address/Dr/ medical record number (MRN)

**Diagnosis if available**

*Presenting complaint (PC) / History of Presenting Complaint (HPC).*
Date & time frame of onset Results of investigations / tests.
Management including medications Progress to date
Aggravating Factors Easing Factors
SIN index 24 hour pattern

*Past Medical History (PMHx) / Past Surgical History (PSHx)*
Previous similar episodes

*Other relevant past history including surgical, medical interventions*

*Social History (SocHx)*
Occupation, hobbies, pastimes, (What they entail, energy required, postures, mobility)
Marital status, family support etc. Carer or Cared For?
Home environment - Facilities (Stairs, steps to door, bathroom location)
Community supports
Cigs/ C2H5OH/other
Investigations
Investigations done, date, results

Patient Baseline
Functional ability prior to this episode
Mobility / Exercise tolerance prior to this episode

Family History (FHx)
Other members of family with same condition?
Genetic diseases?
Any history pertaining to the patient’s medical conditions

(B) Gathering Subjective Information
This consists of information from the patient, the patient’s family/carer, and the team members re the patient’s condition. This is a record of the patients’ report of limitations, concerns, and problems.

It can also be used to record verbal or written information relating to the patient’s condition that has been supplied by other persons, e.g. staff or family members.

The aim of the subjective is:

- To find out what the patient is complaining of
- To record the precise location of symptoms
- To assess irritability of patients condition
- To assess if there are any contra-indications to Rx
- To decide what objective tests need to be done
- To find out what patients main problem is
- To justify goals set with patient

Categorise items as subjective if it pertains to:

- History of the problem
- Prior level of function
- Patients lifestyle or home situation
- Patients emotions/ attitudes
- Patient states his goals
- Patient voices a complaint
- Patient reports a response to Rx
- Anything patient tells you that is relevant to current condition

The main subjective findings should be highlighted with an asterisk (*)
(C) Objective examination

The objective examination involves the physical examination of the patient using repeatable testing procedures - observation (general and local), palpation and formal testing procedures; it is measurable or observable data.

Objective examination will be specific to each area of physiotherapy and will be practised by students on placements. Exact nature of examination will vary depending on the system and condition being examined.

The main objective findings should be highlighted with an asterisk (*).

Tips for recording the objective examination:
- Approved abbreviations and medical terminology expected
- Should be organised, easy to read, easy to find info
- Sub-headings
- Charts / tables
- Put things in measurable terms

2. ANALYSIS AND PROBLEM LIST

ANALYSIS

This section of a patient’s chart is for the therapist to record his/her professional opinion and judgement as to the patient’s problems and allows the therapist to link pathology to presentation.

A therapist can discuss with other colleagues, through the written media, the rationale behind his/her treatment or the limitations to a treatment. These could be due to other medical problems or external to the patient’s actual presentation.

Analysis can also be used to record the effect of the treatment between sessions (This can cause confusion as the Objective section can also be used to do the same but common sense should determine where the record of a treatment effect goes. The medical record should be easy to follow and make sense to an external reader).

Analysis can be used to:
- Indicate a statement justifying goals
- State whether patient has rehabilitation potential and why
- Document if there was any difficulty obtaining information from patient / testing that couldn’t be done
- State patient may benefit from another service in hospital or community
- State physiotherapy diagnosis

There is no one set method for writing the information in “A”; it should be organised, easy to follow with professional, clear concise language.
The problem list will help the student set priorities for treatment and becomes basis for goal setting.

How to compile a problem list:

- Write subjective and objective
- Review subjective and objective; highlight findings that aren’t “within normal limits”
- Set priorities as to which problem is most important
- List in order of priority
- Other problems, which may have an indirect effect on the patient’s condition, may be recorded under ‘other relevant problems’ (e.g. medical and psychosocial problems that are not amenable to physiotherapy treatment but may be affected by physiotherapy intervention, e.g. angina on exertion, lives alone etc.)

Problems may be:

<table>
<thead>
<tr>
<th>Active</th>
<th>Those requiring action/ treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inactive</td>
<td>Quiescent or temporarily resolved</td>
</tr>
<tr>
<td>Resolved</td>
<td>Note the date when the active problem is resolved</td>
</tr>
</tbody>
</table>

The problems may be noted in a tabular form and should be directly linked with the treatment plan.

The table below shows a blank problem list:

<table>
<thead>
<tr>
<th>Problem</th>
<th>Active (date)</th>
<th>Resolved / Inactive (date)</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. GOALS – Short Term Goals and Long Term Goals

Long-term goals (LTGs)
- LTGs are the ultimate goals of treatment. They state the long term plans for the patient; the expected outcome to be achieved by physiotherapy
- Should be structured and clearly defined
- Based on problem list
- Why set LTGs?
  - To help you plan treatment to meet specific needs and problems of patients
  - To prioritise treatment and measure effectiveness
  - To communicate physiotherapy goals with other professionals

Example of LTG
- Patient will ambulate with zimmer frame on level surfaces for unlimited distances independently within 3 weeks to allow independent mobility at home
- Patient will increase (L) elbow extension AROM to -10 extension within 2 weeks to improve patients ability to reach into overhead cupboards at home

Short-term goals (STGs)
- The steps along the way to achieving LTGs i.e. what you aim to achieve within a few treatments
- Intended to assist the therapist to stick to a treatment activity and to evaluate its effectiveness
- Must include a definite verb that can be assessed e.g. can, will, be able to, lift, run, stand
- Specific treatment is designed to achieve the STGs
- Similar to LTGs except
  - Cover briefer time period
  - More frequently revised
- Involve professional judgement
- Need to be SMART (Consider using outcome measures)

Why set STGs
- To direct treatment to specific needs and problems of patients
- To prioritise treatment.
- To measure effectiveness of treatment.
- To communicate physiotherapy goals with other professionals
- To help guide immediate treatment plan
Tips in goal setting
• Clarity
• Time span will depend on condition
• Can be revised if (a) patient’s condition changes or (b) time span set no longer appropriate
• List in order of priority

<table>
<thead>
<tr>
<th>POORLY WRITTEN GOAL</th>
<th>CORRECTLY WRITTEN GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase ROM</td>
<td>Increase (L) shld flexion AROM 0-180 by 2 wks to enable patient to return to gym</td>
</tr>
<tr>
<td>Reduce pain</td>
<td>Reduce LBP intensity to 5 on VAS by 2 weeks</td>
</tr>
<tr>
<td>Increase general strength</td>
<td>Increase general strength of ULs to 4/5 bilaterally by 3 weeks</td>
</tr>
<tr>
<td>Improve gait pattern</td>
<td>Patients gait pattern with AFO will be WNL and equal WB bilaterally after 1 week of gait training</td>
</tr>
</tbody>
</table>

4. TREATMENT PLAN

The treatment plan outlines the treatment to be used with the patient. Once STGs are set, a treatment plan is set up to achieve each of the STGs.

Information included in plan may include
• Treatment modality or technique the patient will receive
• Frequency per day/week that patient will be seen
• Location of treatment
• Treatment progression
• Patient and carer education
• Equipment needs
• Referral to other services

In recording treatment plan, consider
• Modalities Which? How long? Intensity?
• Ambulation Distance? Level of assistance? What device to use? Weight bearing?
5. SOAP NOTES GUIDELINES

SOAP notes are progress notes describing the patient’s response to treatment. They consist of brief statements written in SOAP format or SOATAP format.

**S - Subjective**
- Present status re highlighted subjective information
- Responses to last treatment
- Previously set goals
- Compliance with exercise programme
- Level of function at home

**O - Objective**
- Information obtained while reassessing the patient during treatment sessions
- Areas set in last set of STGs written

**A - Analysis**
- Physiotherapist’s opinion in light of the subjective and objective information

**T - Treatment**

**A - Analysis of treatment**
- The “A” for analysis of Rx allows a student to monitor the effectiveness of a treatment within a time frame and to correct if necessary his/her treatment. If the treatment is effective the student should be able to explain under Analysis why it is so. If the effect is immediate it should be recorded.

  Example: Pre-treatment oxygen saturations 90%
  Patient suctioned through Nasal airway
  Produced large volume of green sputum //O2 Sats up to 96%

**P - Plan**

**EXAMPLE OF SOAP NOTES**

Example of a person post TKR:

**S**
- Patient is happier today and is keen to have physiotherapy. She reports less pain and can move about easier

**O**
- Transfers: Lie to Sit Independent
  - Sit to Stand Independent
Gait: Mobilising with zimmer frame with stand by assistance of 1 x 20 meters /limited by tiredness

ROM  Active Flexion  60  Passive 80 (pain end of range)

Active Extension (in bed) -15 Passive -10

On observation wound clean, stitches in situ

Rx  Mobilised on ward 20 m X 3 with Zimmer frame
    Inner range quads 15 x 3  //  Active extension -5
    Ice Pack 10 mins
    Active assist flexion over side over bed 30 secs x 5 // Active Flexion 80

A  7 days post op, progressing within normal limits, needs to improve AROM

P  Continue to mobilise with Zimmer frame, progress to 2 sticks when has full AROM Extension
    Increase Quads exercises
    Use Icepack x times per day to aid reducing of swelling.

John Murphy (TCD student Physiotherapist)

Guidelines on Signing Patient Records

The ISCP Standards of Practice 2002 states that the patient records should be signed after each entry and furthermore states that where a student carries out an assessment or treatment the supervising therapist and student should both sign the entry/record.

- The Discipline of Physiotherapy, Trinity College requires that all students operate within the standards adopted by the ISCP.

- It is the policy of the Discipline of Physiotherapy, Trinity College that all students should cooperate with the local guidelines and procedures of the hospital, school, clinic or practice that they are training in.
Section N: Case Presentations

Students are generally required to complete a case presentation during their clinical placements. This is normally a PowerPoint presentation to fellow students, Practice tutors and practice educators on a designated placement day. Other case presentations may be more informal such as an in-service presentation and may include a practical demonstration of techniques or treatment if appropriate.

Case presentations are a means to:

- Formally reflect on recent clinical experiences.
- Practice organising and synopsising complex information.
- Identify missing information.
- Identify and discuss areas of uncertainty.
- Consider the research evidence relating to the case.
- Re-enforce integration of course material e.g. pathology, anatomy, physiology, physiotherapy techniques
- Re-enforce problem solving in physiotherapy interventions
- Provide students with the opportunity to practice oral presentation skills
- Educate other students.
- Stimulate more informal interaction between the presenter & audience
- Case presentations help practice educator to assess clinical reasoning.
- Are part of the CAF assessment criteria

The specific requirements of case presentations will vary on different placement sites. All students are required to discuss the topic, the length of the presentation and the production of written materials/hand-outs with the practice educator/practice tutors. It is up to the student and the supervising physiotherapist to agree the specific parameters of case presentations.

Use the following guidelines when preparing case study:

- **Brief** introduction of the name of the placement, the types of patients seen and reason for choosing a particular patient
- **Do not include the name of the patient or any means of identifying the patient in the presentation**
- **Brief** introduction to the patient which may include diagnosis / definition, cause / pathology of condition, clinical features/ signs and symptoms, significant history / lab data / clinical findings, medications and their significance, medical management and MDT intervention
- Initial physiotherapy assessment and findings
- Main problems based on assessment findings - prioritised
- S.M.A.R.T short term goals & long term goals
- Physiotherapy intervention / treatment – outline rationale for choice of treatment technique mentioning
  - Outcome measures used
  - Physiotherapy precautions / contra-indications if appropriate
- Modifications to treatment
- Progression of treatment
- Ideas on alternative physiotherapy management
- Evidence base for treatment applied

- Factors to consider prior to discharge home / discharge from physiotherapy
- Discharge instructions / home programme/ follow up which were / may be required
- Conclusion – reflect on what the learning gained from treating the patient
  - Reflect on what could be done differently or areas of uncertainty.
- References if applicable

- Photographs, DVD or video clips of a patient can only be used with written consent from the patient or guardian. If photography, DVD or video material is of a sensitive nature please inform your practice tutor and fellow students.
Section O: Erasmus Exchange

The Erasmus programme is a European Commission programme which enables and encourages students across Europe to study at another university as part of their university degree. Studying at Trinity under the Erasmus Programme is dependent on an exchange agreement existing between the international university and Trinity College.

The Discipline of Physiotherapy currently has an Erasmus agreement with the world renowned Karolinska Institutet in Stockholm, Sweden and Bergen University College in Norway and the University of Malta. These agreements offer successful students a valuable opportunity to train in a top international hospital while gaining exposure to an alternative health system and patient group. It is an opportunity to experience another culture, a chance to make friends and set up links for your future career. Currently our Erasmus agreements provide an opportunity for four final year students to complete a term of study abroad. This exchange usually takes place in the first semester of fourth year and consists of two clinical placements. Whilst efforts will be made to place students in core specialities outstanding to the student it may not always be possible to facilitate this. Students undertaking Erasmus therefore require a flexible approach to placement.

A high level of academic achievement and personal independence is required for this programme. Please note that due to the timing of the placement you will be required to undertake your Final Placement Assessment whilst on Erasmus. Candidates will be chosen based on their academic achievements in second year and by a brief interview process. If you are interested in applying for this programme please speak to the International Erasmus Co-ordinator for further details.

The International Admissions and Study Abroad office in the Academic Registry have overall responsibility for the co-ordination of College’s participation in the Erasmus exchange programme and a full outline is available at the following link:

https://www.tcd.ie/study/non-eu/study-abroad/to-trinity/erasmus/
Section P: Useful Student Services

Student Support Services

Student services make a crucial contribution to the student experience at Trinity College. The mission of student services is to provide opportunities of the highest quality for student development in an inclusive, caring and cost effective way, consistent with the academic mission of College. There is a full list of all available services on the local TCD homepage under student services. This will direct you to further information on each service’s website.

Student Disability Services (SDS)

Supports for students with disabilities

The Discipline of Physiotherapy welcome applications from prospective students with disabilities and endeavour to assist all students to realise their potential as professional trainee physiotherapists by offering a range of supports; to include - reasonable accommodations. In supporting the participation of students with disabilities in programmes that confer eligibility to practise as a physiotherapists, the Discipline of Physiotherapy strive to balance principles of inclusiveness with the high standards and duty of care to the patient that are required of physiotherapists.

Trinity College Dublin has a Disability Service which provides advice and support to students with disabilities who disclose their disability prior to entry and whilst studying in College. Students are encouraged to attend the College Open Day usually in early December of the year preceding entry or to contact the Disability Service to get an idea of the demands of the course. We also encourage students with disabilities to register with and seek support from the Disability Service in College. Students on professional courses who do not disclose a disability cannot avail of reasonable accommodations while on clinical placement and cannot claim that they have being discriminated against (on grounds of disability) if they have not disclosed. For further information or to discuss the supports that are available to students with disabilities, contact the Disability Service at: www.tcd.ie/disability

Student handbook and information for current students on the web

The Disability Service has developed a professional placement support process for students with disabilities on professional courses in Trinity College Dublin. Not all students will require this support, however, for those who do, a placement planning meeting will take place in advance of the start of clinical placements. During this meeting, students with disabilities will meet with the Placement Co-ordinator in Physiotherapy and their Disability Officer to discuss their needs and collaboratively develop a plan of action. The outcome will be an agreed set of reasonable accommodations that will operate on site during the placement. The student can request a review of this placement process at any time to ensure the process is working effectively.
To assist this process, a Professional Placement Guide for students with disabilities has been produced. The guide deals with issues such as disclosure, confidentiality, fitness to practice and reasonable accommodations. The key message for students is that we want to encourage disclosure through a supportive process that involves all parties concerned. The key message for staff is that students with disabilities are succeeding in greater numbers on professional courses and that in the vast majority of cases; their support needs are small and easily identifiable.

For further details on the Placement Planning supports for students with disabilities and to download the booklet please see: http://www.tcd.ie/disability/services/placement-planning.php

For other services contact:

http://www.tcd.ie/Student_Counselling/

http://isservices.tcd.ie/students/

https://www.medicine.tcd.ie/local/students/health-safety.php

http://www.tcd.ie/Careers/students/

http://www.tcd.ie/Student_Counselling/student-learning/
APPENDICES

Appendix I: Contact details for Discipline of Physiotherapy

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone/ Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor John Gormley</td>
<td>Head Discipline of Physiotherapy</td>
<td>(01) 896 2125</td>
<td><a href="mailto:jgormley@tcd.ie">jgormley@tcd.ie</a></td>
</tr>
<tr>
<td>Sarah McLoughlin</td>
<td>Executive Officer</td>
<td>(01) 896 2110</td>
<td><a href="mailto:physio@tcd.ie">physio@tcd.ie</a></td>
</tr>
<tr>
<td>Lucy Alpine</td>
<td>Practice Education Coordinator</td>
<td>(01) 896 3173</td>
<td><a href="mailto:lucy.alpine@tcd.ie">lucy.alpine@tcd.ie</a></td>
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Practice tutors contacts numbers

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<th>Name</th>
<th>Location</th>
<th>Phone/ Ext.</th>
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<tr>
<td>Dr Emer Barrett</td>
<td>Trinity Centre for Health Sciences</td>
<td>(01) 896 2120</td>
<td><a href="mailto:barrete@tcd.ie">barrete@tcd.ie</a></td>
</tr>
<tr>
<td>Noreen O Shea</td>
<td>St. James’s Hospital</td>
<td>(01) 410 3399</td>
<td><a href="mailto:noshea@stjames.ie">noshea@stjames.ie</a></td>
</tr>
<tr>
<td>Alice Waugh</td>
<td>St. James’s Hospital</td>
<td>(01) 410 3399</td>
<td><a href="mailto:awaugh@stjmaes.ie">awaugh@stjmaes.ie</a></td>
</tr>
<tr>
<td>Mark McGowan</td>
<td>St. James Hospital</td>
<td>(01) 4284555</td>
<td><a href="mailto:mmcgowan@STJAMES.IE">mmcgowan@STJAMES.IE</a></td>
</tr>
<tr>
<td>Anne-Maria Scanlon</td>
<td>AMNCH In-patients</td>
<td>(01) 4142000</td>
<td><a href="mailto:annemaria.scanlon@amnch.ie">annemaria.scanlon@amnch.ie</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleep 7089</td>
<td></td>
</tr>
<tr>
<td>Louise Bernard</td>
<td>AMNCH Out-patients &amp; Orthopaedics</td>
<td>(01) 414</td>
<td><a href="mailto:a1213792@tuh.ie">a1213792@tuh.ie</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2764/39 43</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleep 3000</td>
<td></td>
</tr>
<tr>
<td>Sile Lacey</td>
<td>National Rehabilitation Hospital</td>
<td>(01) 235 5332</td>
<td><a href="mailto:Sile.lacey@nrh.ie">Sile.lacey@nrh.ie</a></td>
</tr>
<tr>
<td>Collette Finnegan</td>
<td>Tullamore Orthopaedics &amp; Respiratory</td>
<td>046 9733511</td>
<td><a href="mailto:Rehab.edenderry@hse.ie">Rehab.edenderry@hse.ie</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Wednesday, Thursday and Friday)</td>
<td></td>
</tr>
<tr>
<td>Susan Ward</td>
<td>Our Lady’s Children’s Hospital Crumlin</td>
<td>(01) 4096100</td>
<td><a href="mailto:Susan.Ward@olchc.ie">Susan.Ward@olchc.ie</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>/409 6617</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Hospital/Location</td>
<td>Email/Contact Information</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Emer Gunning</td>
<td>Midland Regional Hospital, Mullingar</td>
<td><a href="mailto:EmerM.Gunning@hse.ie">EmerM.Gunning@hse.ie</a></td>
<td></td>
</tr>
<tr>
<td>Emer O’Malley</td>
<td>St. Columcilles Hospital, Loughlinstown</td>
<td><a href="mailto:Emer.omalley1@hse.ie">Emer.omalley1@hse.ie</a></td>
<td></td>
</tr>
<tr>
<td>Marion McGuinness</td>
<td>Cavan/Monaghan Physiotherapy Services</td>
<td><a href="mailto:marian.mcguinness@hse.ie">marian.mcguinness@hse.ie</a></td>
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</tr>
</tbody>
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**Discipline of Physiotherapy Staff**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Dr Marese Cooney</td>
<td>Assistant Professor</td>
<td>(01) 896 2124</td>
</tr>
<tr>
<td>Dr Sara Dockrell</td>
<td>Assistant Professor</td>
<td>(01) 896 2126</td>
</tr>
<tr>
<td>Elizabeth Culleton Quinn</td>
<td>Assistant Professor</td>
<td>(01) 896 2123</td>
</tr>
<tr>
<td>Dr John Gormley</td>
<td>Head of Discipline of Physiotherapy, Associate Professor</td>
<td>(01) 896 2121</td>
</tr>
<tr>
<td>Dr Juliette Hussey</td>
<td>Vice-President of Global Health, Associate Professor</td>
<td></td>
</tr>
<tr>
<td>Dr Emma K. Stokes</td>
<td>Associate Professor</td>
<td>(01) 896 2127</td>
</tr>
<tr>
<td>Dr Fiona Wilson</td>
<td>Assistant Professor</td>
<td>(01) 896 3534</td>
</tr>
<tr>
<td>Cillin Condon</td>
<td>Senior Physiotherapist</td>
<td>(01) 896 2123</td>
</tr>
<tr>
<td>Dr Julie Broderick</td>
<td>Assistant Professor</td>
<td></td>
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</table>
## Appendix II: List of Clinical Placement Sites

<table>
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<tr>
<th>Clinical Site</th>
<th>Abbreviation for Placement List</th>
<th>Telephone Number</th>
<th>Contact Person</th>
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<tr>
<td>Tallaght University Hospital</td>
<td>TUH</td>
<td>(01) 414 2000</td>
<td>Louise Bernard, Anne-Marie Scanlon (Practice tutors)</td>
</tr>
<tr>
<td>Cavan Monaghan Services</td>
<td>CGH (Cavan General Hospital)</td>
<td>(049) 436 1399</td>
<td>Marian McGuinness (Practice tutor)</td>
</tr>
<tr>
<td>CRC Clontarf Vernon Avenue Clontarf Dublin 3</td>
<td>CRC Clontarf</td>
<td>(01) 833 2206</td>
<td>Mary Cant (Senior Physiotherapist)</td>
</tr>
<tr>
<td>CRC Clondalkin (Scoil Mochua) Old Nangor Road, Clondalkin Dublin 22</td>
<td>CRC Clondalkin</td>
<td>(01) 457 4876 (01) 413 8002</td>
<td>Mary Feely (Senior Physiotherapist)</td>
</tr>
<tr>
<td>Enable Ireland Sandymount Avenue Dublin 4</td>
<td>EI Sandymount</td>
<td>(01) 261 5900</td>
<td>Rajan Thiarian (Senior Physiotherapist)</td>
</tr>
<tr>
<td>Enable Ireland Tallaght, Scoil Iosa, Tyman North, Tallaght, Dublin 24</td>
<td>EI Tallaght</td>
<td></td>
<td>Caroline Flynn (Physiotherapy Manager)</td>
</tr>
<tr>
<td>Bons Secours Hospital Glasnevin</td>
<td>Bons Secours Hospital</td>
<td>(01) 806 5339</td>
<td>Anne Griffin (Physiotherapy Manager)</td>
</tr>
<tr>
<td>Enable Ireland Arklow, 2nd Floor Avoca River House, North Quay, Arklow, Co Wicklow</td>
<td>EI Arklow</td>
<td></td>
<td>Aisling Renshaw (Senior physiotherapist)</td>
</tr>
<tr>
<td>Incorporated Orthopaedic Hospital of Ireland Castle Avenue Clontarf Dublin 3</td>
<td>IOH Clontarf</td>
<td>(01) 833 1211</td>
<td>Grannine O’Hara (Physiotherapy Manager)</td>
</tr>
<tr>
<td>Midland Regional Hospital Arden Road Tullamore Co. Offaly</td>
<td>MRHT</td>
<td>057 9358721 0579358715</td>
<td>Colette Finnegan (Practice tutor)</td>
</tr>
<tr>
<td>Our Lady’s Children’s Hospital Crumlin Crumlin Road Dublin 12</td>
<td>OLCHC</td>
<td>(01) 409 6617 or 4096100 pager 707</td>
<td>Susan Ward (Practice tutor)</td>
</tr>
<tr>
<td>National Rehabilitation Hospital Dun Laoghaire Co. Dublin</td>
<td>NRH</td>
<td>(01) 235 5332</td>
<td>Irene Galligan (Practice tutor)</td>
</tr>
<tr>
<td>St. Columcilles Hospital Loughlinstown Co. Dublin</td>
<td>St. Columcilles Hospital</td>
<td>(01) 211 5245</td>
<td>Emer O’Malley (Practice tutor)</td>
</tr>
<tr>
<td>St. James's Hospital James's Street Dublin 8</td>
<td>SJH</td>
<td>(01) 416 2503</td>
<td>Noreen O Shea, Rachel Fitzgerald, Alice Waugh (Practice tutors)</td>
</tr>
<tr>
<td>St Michael’s House Ballymun</td>
<td>SMH</td>
<td>Tel: (01) 884 0200</td>
<td>Orlaith Mooney (Senior Physiotherapist)</td>
</tr>
<tr>
<td>The Royal Hospital Morehampton Road Donnybrook Dublin 4</td>
<td>RHD</td>
<td>(01) 497 2844/2689</td>
<td>Mark Harwood (Senior Physiotherapist)</td>
</tr>
<tr>
<td>Stewarts Care Palmerstown</td>
<td>Stewarts Care</td>
<td>(01) 6518171</td>
<td>Kellie Bradley (Physiotherapy Manager)</td>
</tr>
<tr>
<td>Region</td>
<td>Sites</td>
<td>Contact Person</td>
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<tr>
<td><strong>Dublin</strong></td>
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<tr>
<td><strong>Primary Care Dublin South Central</strong></td>
<td>PC Thomas Court, PC Pearse Street, PC Bru Caoimhin, PC Meath Community Campus PC Belleville</td>
<td>Karen Kinsella (Physiotherapy Manager)</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Dublin West</strong></td>
<td>PC Ballyfermot / COE Cherry Orchard Hospital PC Inchicore PC Rossecourt</td>
<td>(01) 620 6226 Padraig Doherty (Physiotherapy Manager)</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Dublin South West</strong></td>
<td>Chamber House Tallaght Millbrook Lawns Crumlin Road Armagh Road</td>
<td>(01) 709 9952 Conor McNally (Physiotherapy Manager)</td>
<td></td>
</tr>
<tr>
<td><strong>Defence Forces Physiotherapy Service</strong></td>
<td>Bricin’s Barracks The Curragh Barracks</td>
<td>Eimear Ni Fhalluin (Physiotherapy Manager)</td>
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*The above list consists of regular placement sites provided to TCD. Other clinical sites may also provide clinical placements.*
### Appendix III: CLINICAL PLACEMENT TIMETABLE 2018-2019

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<th>SEMESTER 1</th>
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<td></td>
</tr>
<tr>
<td>20/05/19</td>
<td>Marking</td>
<td>Week 3 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27/05/19</td>
<td></td>
<td>Week 4 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/06/19</td>
<td></td>
<td>Week 5 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/06/19</td>
<td>P4</td>
<td>Week 6 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17/06/19</td>
<td></td>
<td>Week 7 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24/06/19</td>
<td></td>
<td>Week 1 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>01/07/19</td>
<td></td>
<td>Week 2 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/06/19</td>
<td></td>
<td>Week 3 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15/06/19</td>
<td></td>
<td>Week 4 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22/07-02/09/19</td>
<td>Summer break</td>
<td>Summer break</td>
<td>Summer break</td>
<td></td>
</tr>
</tbody>
</table>
*NB Dates for the 2\textsuperscript{nd} & 3\textsuperscript{rd} year placements are provisional dates based on last year's exam schedule. Final exam dates are generally not available until the end of March 2019 from the TCD Exams Office.

\textbf{Appendix IV: Student Orientation Checklist}

**CHECK LIST FOR ORIENTATION OF STUDENTS ON PLACEMENT**

1. Organisational structure of Department
2. Name of physiotherapist responsible for student; area of work and contact number/bleep
3. Hours of placement
4. Break & meal times
5. Telephone numbers
6. Procedure when calling in sick
7. Bleep system
8. Cardiac arrest & emergency procedures
9. Lockers
10. Uniform: only wear in work. Adhere to school uniform policy
11. Professional behaviour
   a. Punctuality
   b. Adequate preparation for placement
   c. Setting and achieving learning goals
   d. Maintenance of pt. records & treatment statistics – notes must be co-signed
   e. Patient consent for patient treatment required and documenting same
   f. Confidentiality
   g. Keep student area tidy
   h. Site specific code of behaviour document
   i. Jewellery/body piercing/tattoos
   j. Infection control
      i. Hand washing between patients
      ii. Clean stethoscope between patients
      iii. Blood / body fluids - universal precautions
      iv. Eye protection - goggles for suction / coughing
      v. Checking MRSA status
      vi. Cleaning equipment after use
12. Photocopying in services / books
13. Accident/incident reporting immediately to senior
14. In-services – each rotation schedules them at different times
15. Statistics – how to keep daily statistics
16. Practice tutors cover
17. Health and safety
18. Case presentations – time and date
19. Appraisal
20. Learning objectives - when to compile? With who?
21. Orientation tour of Department/Hospital
Appendix V: Final Patient Assessment Clinical Examination Consent Form

University of Dublin
Trinity College
Dublin 2

Physiotherapy Final Patient Assessment Exam

Consent for allowing final year patient examination/treatment.

I am fully aware that I will be receiving my usual physiotherapy assessment and / or treatment but that it is to be given by a final year student under supervision.

I am writing to give my consent to this, having been fully informed around the issues and having been given an opportunity to have any questions answered by staff.

Print Name: ______________________________
Signature: ______________________________
Date: ______________________________

Name of Supervising Physiotherapist: ______________________________
Name of Examiner: ______________________________
Date: ______________________________

(Consent form to be kept as a record in patient’s chart)
### Appendix VI: Marking Guidelines for Final Patient Assessment Clinical Examination

**MARKING GUIDELINES**

<table>
<thead>
<tr>
<th>Band</th>
<th>%</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st Class Honours</strong></td>
<td>70 or &gt;</td>
<td>Exceptional patient care*/ safe&lt;br&gt;Outstanding assessment/ treatment&lt;br&gt;Excellent knowledge&lt;br&gt;Exceptional clinical reasoning skills&lt;br&gt;Exceptional understanding of patient’s problems</td>
</tr>
<tr>
<td><strong>2nd Class Honours Grade I</strong></td>
<td>60 - 69</td>
<td>Very good patient care/ safe&lt;br&gt;Very well organised competent assessment/ treatment&lt;br&gt;Very good knowledge base&lt;br&gt;Very good clinical reasoning skills&lt;br&gt;Very good understanding of patient’s problems</td>
</tr>
<tr>
<td><strong>2nd Class Honours Grade II</strong></td>
<td>50 - 59</td>
<td>Good patient care/ safe&lt;br&gt;Competent assessment/ treatment&lt;br&gt;Reasonable knowledge base with some depth&lt;br&gt;Good clinical reasoning&lt;br&gt;Good understanding of patient’s problems</td>
</tr>
<tr>
<td><strong>3rd Class Honours</strong></td>
<td>40 – 49</td>
<td>Adequate patient care/ safe&lt;br&gt;Assessment/ treatment limited (some use of inappropriate tests)&lt;br&gt;Reasonable knowledge base but lacks depth (thin)&lt;br&gt;Adequate clinical reasoning&lt;br&gt;Passable but limited understanding of patients problems</td>
</tr>
<tr>
<td><strong>Fail</strong></td>
<td>≤ 39</td>
<td>Patient care poor/ unsafe&lt;br&gt;Assessment / treatment lacks depth, is muddled and poorly organised (with the consistent use of inappropriate tests)&lt;br&gt;Inadequate knowledge base&lt;br&gt;Inadequate clinical reasoning&lt;br&gt;Poor understanding of patient’s problems</td>
</tr>
</tbody>
</table>

*If there is an incident that poses a significant or serious risk to the safety of the patient during the exam the student may fail the exam outright.*
## Appendix VII: TCD additional guidelines for FPA

<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 EXAM:</strong> Practical examination and treatment is ideal. Demonstrating exceptional clinical skills (e.g. sensitive appropriate handling, testing, reasoning etc.). Discussion shows insight and originality with wide knowledge. Logical, accurate, concise and structured presentation. Evidence of reading and thought beyond course content. Contains particularly apt examples. Highly developed levels of expression and excellent awareness of context. Links materials from lectures, practicals and seminars where appropriate. In addition the student has made an original contribution to the discussion, by questioning or challenging prevailing paradigms.</td>
</tr>
<tr>
<td></td>
<td>80-89</td>
<td><strong>OUTSTANDING EXAM:</strong> Practical skills just fall short of 'ideal' but remain outstanding for student level. 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 thorough. Knowledge is precise, detailed and wide ranging. In addition the student demonstrates a significant contribution to the discussion within the limits of established paradigms.</td>
</tr>
<tr>
<td></td>
<td>70-79</td>
<td><strong>EXCELLENT EXAM:</strong> Practical examination and treatment are excellent with minimal lapses in detail only. Demonstrates an in-depth understanding of patient problems, treatment options and prognosis. Falls short on presentation and reading or thought beyond the course, but retains insight and originality typical of first class work. Shows knowledge that is detailed and wide ranging.</td>
</tr>
<tr>
<td>II-1</td>
<td>65-69</td>
<td><strong>VERY GOOD EXAM:</strong> Very good clinical skills and clear understanding of patient problems, treatment progression and prognosis. Minor lapses in detail. Very 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>GOOD EXAM:</strong> Very good clinical skills but some lapses in detail and understanding of patient presentation and treatment. 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>II-2</td>
<td>55-59</td>
<td><strong>LIMITED COMPREHENSIVE EXAM:</strong> Good clinical skills. Definite lapses in detail and understanding of patient presentation and problems. No evidence of understanding outside core coursework. Reasonable knowledge with some depth. Usually lacks synthesis of information or ideas. Sensible use of major points. Mainly logical and accurate within its limited scope.</td>
</tr>
<tr>
<td></td>
<td>50-54</td>
<td><strong>SATISFACTORY EXAM:</strong> Satisfactory clinical skills but lapses in accuracy and understanding of patient problems and treatment. Understanding some of the main problems, concepts and showing sound knowledge around these. Sensible use of some major points, but contains several lapses in detail and understanding.</td>
</tr>
<tr>
<td>III</td>
<td>45-49</td>
<td><strong>ACCEPTABLE EXAM:</strong> Adequate clinical skills in application, accuracy and handling. Signs of understanding and knowledge of patient problems clinical reasoning lacking in understanding and detail. Contains omissions, errors and misunderstandings, so that the answer is no more than adequate.</td>
</tr>
<tr>
<td></td>
<td>40-44</td>
<td><strong>MARGINALLY ACCEPTABLE EXAM:</strong> Marginally acceptable clinical skills in application, accuracy, safety and handling. Very limited understanding and knowledge of the patient problems and treatment. A very limited answer, but giving some relevant information indicating a marginally adequate understanding.</td>
</tr>
<tr>
<td>F-1</td>
<td>35-39</td>
<td><strong>MARGINAL FAIL:</strong> Inadequate patient assessment and /or treatment. Inadequate answer lacking substance, but with a vague knowledge relevant to the questions. Inadequate understanding of patient problems.</td>
</tr>
<tr>
<td>F-2</td>
<td>30-34</td>
<td><strong>CLEAR FAILURE:</strong> Some attempt at assessment and treatment but not relevant and inappropriate. Some attempt at discussion relevant to the patient or questions posed. Errors serious but not absurd. Serious safety issues.</td>
</tr>
<tr>
<td>F-3</td>
<td>0-29</td>
<td><strong>COMPLETE FAILURE:</strong> Very poor patient assessment and treatment with no hint of knowledge. Errors serious and absurd. Serious safety issues.</td>
</tr>
</tbody>
</table>
Appendix VIII: Grievance Policy and Procedure for Students on Clinical Placement

1.0 Purpose

Discipline of Physiotherapy policy and procedure for undergraduate students on clinical placement.

2.0 Scope of Policy

2.1 This policy applies to all undergraduate students taking a clinical placement in Ireland organised by the Discipline of Physiotherapy.

3.0 Policy statement

The Discipline of Physiotherapy is committed to resolving grievances as early as possible so as to create and maintain an environment that facilitates teaching and learning. The following procedure has been established to create a framework for dealing effectively with grievances that arise outside of sexual harassment, bullying and racial harassment.

(Please refer to Trinity College website www.tcd.ie for Dignity and Respect Policy for dealing with complaints of bullying or harassment including sexual harassment and racial harassment).

4.0 General Provisions

4.1 If a student has a grievance, he/she should reflect on the problem, consider possible solutions and then request a time to discuss the issue with their practice educator (this should take place as early as possible).

Following discussion the student and the practice educator (PE) should identify and agree the problem and develop a plan for resolution of the problem together. This should be reviewed as appropriate until the problem is resolved.

Alternatively a student may discuss the problem with the practice tutors (PT), regional placement facilitator (RPF) or other visiting clinical or academic staff to find a solution as early as possible in the placement.

4.2 If a student has a grievance but is uncertain what action to take, or if the grievance involves personal or other sensitive issues which they consider inappropriate to raise directly with their PT or PE then the student may seek advice directly from the practice education co-ordinator (PEC).

4.3 The student may be accompanied by a named representative at any stage of the grievance when meetings are taking place.

5.0 Stages of Grievance Resolution Procedure

5.1 Stage 1: Grievance will be brought to the attention of the PE and/or PT or other clinical staff involved in supervising the student to find an agreeable resolution. Local discussion to resolve the matter will take place informally.
If the health or safety of a student or client is at risk the matter should immediately be brought to the attention of the Physiotherapy Manager and the PEC. A student may involve their College Tutor at any stage of the process if they wish.

5.2 **Stage 2**: If the matter cannot be resolved at stage 1, the PEC will be informed of the grievance. The PE/PT/PEC may inform the Physiotherapy Manager as appropriate at this time. The grievance will be investigated by PT/PEC giving all parties involved separate discussion time to talk about the matter in an effort to find an agreeable resolution. All parties will be treated with sensitivity, dignity and respect. Following discussion with all parties an agreed resolution plan will be put in place. This should be reviewed as appropriate until the problem is resolved. A written record of all meetings should be kept.

5.3 **Stage 3**: If the matter cannot be resolved at stage 2, where the involved parties fail to agree, the grievance will be referred to the Head of the Discipline of Physiotherapy and Physiotherapy Manager (if not already aware). A meeting will be arranged with all sides involved in the grievance in an effort to achieve a resolution.

5.4 **Stage 4**: If the student is unhappy with the conduct of the investigation or the outcome, he/she may refer the matter through the appropriate college procedures via their College Tutor. This should occur within seven days of informing the Head of the Discipline of Physiotherapy that they are not satisfied with the outcome or conduct of the investigation.