DISCIPLINE OF PHYSIOTHERAPY

PRACTICE EDUCATION HANDBOOK

A Handbook for TCD Physiotherapy Students
and Practice Educators

Updated September 2016
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.
## Contents

<table>
<thead>
<tr>
<th>Section A</th>
<th>School Philosophy</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B</td>
<td><strong>Definition of Roles in Clinical Education</strong></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Role of the Student</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role of the Discipline of Physiotherapy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role of the Practice Educator &amp; ISCP Practice Educator competencies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role of the Practice Tutor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role of the Regional Placement Facilitator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role of the Practice Education Co-ordinator</td>
<td></td>
</tr>
<tr>
<td>Section C</td>
<td><strong>Clinical Placement</strong></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>General objectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical placement organisation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>List of clinical placement sites</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical hour requirements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Core placements</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student feedback</td>
<td></td>
</tr>
<tr>
<td>Section D</td>
<td><strong>Generic Placement Goals</strong></td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Documentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Goals/Objectives for specific placements</td>
<td></td>
</tr>
<tr>
<td>Section E</td>
<td><strong>Clinical Placement Evaluation &amp; Guidelines</strong></td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Clinical placement evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Common Assessment Form (CAF)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Final Patient Assessment</td>
<td></td>
</tr>
<tr>
<td>Section F</td>
<td><strong>The Under Performing Student</strong></td>
<td>46</td>
</tr>
<tr>
<td>Section G</td>
<td><strong>Student Uniform Policy</strong></td>
<td>49</td>
</tr>
<tr>
<td>Section H</td>
<td><strong>Procedure in the Case of Absence</strong></td>
<td>50</td>
</tr>
<tr>
<td>Section I</td>
<td><strong>Professional Issues</strong></td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Rules of Conduct</td>
<td></td>
</tr>
<tr>
<td></td>
<td>European Core Standard of Physiotherapy Practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student rights and responsibilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Informed consent</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patient/Client confidentiality</td>
<td></td>
</tr>
</tbody>
</table>
### Section J  Health and Safety  54

Physiotherapy Department Health and Safety Policy  
Garda Vetting  
Student injury/illness during placement  
Infection Control  
Protection against infectious diseases  
Cardiopulmonary Resuscitation (CPR) and First Aid Training  
General Health Requirements including vaccinations.  
Pregnancy and Clinical Placement  
Student Welfare  
Manual Handling Training  
Practical Exams  
Manual Handling

### Section K  Practice Education I Module  58

#### Preparation for Clinical Placement

**For the student**  
- Course components  
- Contents of Preparation for Clinical Practice Course  
- Learning Styles  
- Learning Goals

**For the Practice Educator**  
- Clinical Placement Standards - benching against CSP  
- Creating a Positive Learning Environment  
- Guidelines for Practice Educators regarding supervision/caseload  
- Giving Effective Feedback

### Section L  Documentation Information  72

### Section M  Case Presentations  81

### Section N  International Clinical Placements  83

### Section O  Erasmus Exchange  85

### Section P  Useful Student Services  86

### Appendices  88

1. Practice Education Team & Discipline of Physiotherapy Staff  
2. List of clinical placement sites  
3. Clinical Placement Timetable 2016-2017  
4. Practice Education Learning Outcomes  
5. Student Orientation Checklist  
6. Final Patient Assessment Clinical Examination consent form  
7. Marking Guidelines for Final Patient Assessment Clinical Examination  
8. Additional Guidance FPA  
9. Grievance policy and procedure for students on clinical placement  
10. New Entrants Vaccination Screening Information
Section A: School 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.
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 the ‘Preparation of student for clinical Practice’ module, 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 practice placement 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 competence.

Practice Tutors (PT) are funded by the HSE and based in practice education (clinical) sites. This senior grade post supports practice educators (managers, seniors or basic grade clinical staff directly supervising students) and is involved in hands-on teaching and supervision of a group of students in one or two sites. The practice tutor 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 practice educators and students 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. To support 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 placement CV a minimum of 2 weeks prior to commencement of placement.
- If applicable consider registering with Disability Services and disclosure of relevant disability information that may warrant reasonable accommodation on placement. (see Section P)
- Comply with all site specific pre-placement requirements.
- 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.
- Discuss difficulties or misunderstandings as soon as possible with relevant staff.
- Request honest feedback on progress from Practice Educator.
- Monitor achievement of initially set 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.
- 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 your supervisor).
- Students should take responsibility to gain the maximum benefit from placement and seek feedback on their performance.

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 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.
• Discuss changes in student placements or tutorials as soon as is practical.
• Seek to maintain regular discussion on Practice Educator/student needs,
• To supply all relevant information including dates of placements to Practice Educators/Practice Tutors and students.

To support Practice Educators as follows:

• Run clinical education courses for Practice Educators.
• Provide regular 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 learning objectives setting.
• Develop timetable to help achievement of agreed 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 both at midway and end of placement with Practice Educators unless the Practice Tutor 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 problems are identified.
• Attend where possible meetings at the Discipline of Physiotherapy.
• Attend appropriate courses run by the Discipline of Physiotherapy planned in order to help the development of clinical education.
• Assist with lecturing and curricular development as appropriate.
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 (PET) 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>
<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand learning styles</td>
<td>Understand individual differences in processing and learning styles</td>
</tr>
<tr>
<td></td>
<td>Apply knowledge of learning styles to student practice education processes</td>
</tr>
<tr>
<td></td>
<td>Demonstrate familiarity with learning styles and an understanding of how own learning style interacts with other learning styles.</td>
</tr>
<tr>
<td>Understand models of practice education</td>
<td>Understand a range of models of practice education. E.g. 1:1 model, 1:2 peer learning model, group etc.</td>
</tr>
<tr>
<td></td>
<td>Shows an understanding of teaching styles, such as reflective learning, problem based learning etc.</td>
</tr>
<tr>
<td>Create a positive learning environment for students</td>
<td>Structures the placements to optimise student learning while maintaining a quality service to clients.</td>
</tr>
<tr>
<td></td>
<td>Uses all available resources to promote the students professional development.</td>
</tr>
</tbody>
</table>

### 2. Supervision Competencies

The Practice Educator demonstrates the ability to:

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

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>
</tr>
</tbody>
</table>

4. Professional Practice Competencies

The Practice Educator demonstrates the ability to:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop all clinical practice skills of the student.</td>
<td>Assist students in developing and refining clinical practice skills</td>
</tr>
</tbody>
</table>
| Facilitate the development of clinical reasoning           | Demonstrate strong clinical reasoning. Facilitate effective clinical reasoning in students.  
Guide student integration of theory and practice  
Guide student integration of therapeutic concepts and skills and encourage reflective practice. |
| Facilitate documentation skills.                           | Use documentation format and requirements in accordance with local and professional guidelines.  
Demonstrate an ability to train students in use of clinical recording processes |
| Incorporate legal, ethical and professional issues that influence practice | Implement legal and professional guidelines that influence practice (e.g. confidentiality, role delineation etc.) |
Implement the philosophies, policies, protocols and clinical guidelines of the service provider.

<table>
<thead>
<tr>
<th>Adhere to professional practice standards and code of ethics of professional association.</th>
<th>Deliver service in line with professional standards of practice and professional association.</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>Be a model of professional conduct and behaviours.</td>
<td>Demonstrate appropriate professional conduct and behaviour at all times.</td>
</tr>
</tbody>
</table>

5. Management/Administration Competencies

The Practice Educator demonstrates the ability to:

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Indicators of performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate and collaborate with practice education team</td>
<td>Establish effective communication links with the practice education team when appropriate.</td>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Develop student clinical management and prioritisation skills.</td>
<td>Assist the student in developing and refining clinical management and prioritisation skills.</td>
</tr>
<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>
</tr>
</tbody>
</table>
Role of the Practice Tutor / 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 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 Tutor 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.
- Seek feedback from students post placement to monitor the learning environment. Use information received to guide improvement of the clinical environment.

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.
- Participate in the clinical supervision of students in collaboration with other education providers when required
- 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 programme 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 which includes Preparation for Clinical Practice and a 5 week clinical placement at the end of 2nd year (P1).
- Practice Education II module which includes Placement 2 & 3 (P2 &P3).
- Practice Education III module which includes placements 4, 5 and 6 (P4, P5, P6).

<table>
<thead>
<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>5 weeks</td>
<td>Semester 2</td>
<td>2nd year</td>
</tr>
<tr>
<td>Practice Education 2</td>
<td>P2</td>
<td>6 weeks</td>
<td>Semester 2</td>
<td>3rd year</td>
</tr>
<tr>
<td>Practice Education 2</td>
<td>P3</td>
<td>5 weeks</td>
<td>Semester 2</td>
<td>3rd year</td>
</tr>
<tr>
<td>Practice Education 3</td>
<td>P4</td>
<td>4 weeks</td>
<td>Summer</td>
<td>4th year</td>
</tr>
<tr>
<td>Practice Education 3</td>
<td>P5</td>
<td>6 weeks</td>
<td>Semester 1</td>
<td>4th year</td>
</tr>
<tr>
<td>Practice Education 3</td>
<td>P6</td>
<td>6 weeks</td>
<td>Semester 1</td>
<td>4th year</td>
</tr>
</tbody>
</table>
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 Hospital (AMNCH). 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 and Mullingar, Cavan General Hospital and PCCC Services, Wicklow PCCC Services and Meath PCCC services. 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 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 Tutor 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 meetings. The frequency of these visits depends on the needs of the student and the Practice Educator.

Student Placement Allocation

The Practice Education Co-ordinator (PEC) 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. International summer placements or placements outside the core placement sites (end of 3rd year) are arranged in consultation with the Practice Education Co-ordinator (outside Dublin placements) or Dr Emer Barrett, Regional Placement Facilitator who co-ordinates the international placements.

All students must be available to go on placement outside of Co. Dublin at least once (excluding P4) 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 PEC as soon as you are aware of special circumstances that preclude them from placement allocation outside of Dublin. 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 School 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 3 months in advance of placement starting and students generally receive the confirmed list 4 weeks in advance of placement.

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 (PEC) 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 PEC 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.

All students are required to participate in a variety of supervision models facilitated by the placement providers (e.g. 1:1, 2:1, 3:1, 1:2 supervision models)

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 or 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 the changes. 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](http://www.medicine.tcd.ie/physiotherapy/clinical education).

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 will be spent in patient contact. 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. A number of extra hours over and above 1000 are scheduled on 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 keeps a record of all hours completed.

Throughout the course students will complete a total of 32 weeks of clinical placement. Up to 6.5-7 hours should be spent each day on placement with an average of 32-35 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 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
- Women’s Health
- Amputees
- Rheumatology
- Spinal Injuries
- Hydrotherapy/Pain Management
- 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 2nd year students complete a ‘Preparation for Clinical Practice’ course as part of the Practice Education I Module. This course includes: introduction to clinical education, introduction to assessment in the core areas of clinical practice, the role of the multidisciplinary team, database collection and SOAP note writing, reflective practice, and the Undergraduate Learning Portfolio, developing clinical reasoning during practice education, setting learning objectives for placement, revision of fundamental core skills workshops and infection control in the clinical environment. Students are required to have up-to-date CPR training before starting clinical placement. CPR (Heart Saver AED) training is offered to all students by the Discipline of Physiotherapy before commencing placement. If students have already completed AED training they must provide a certificate awarded and details of the course completed to ensure it is of a similar standard to the course offered by the College.

As part of Practice Education I Module students will undertake their first clinical placement (P1) after their annual exams. This is a five week placement. The first week of placement will be 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. The purpose of the foundation week is to develop an understanding of the role of the physiotherapist, to become familiar with documenting a database, practice risk assessment, 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 general pre-placement information for details on the clinical sites and recommended reading material. www.medicine.tcd.ie/physiotherapy/practice-education

All students must bring their uniform and name badge to their placement site. Uniforms (as per the Discipline of Physiotherapy uniform policy) and name badges must be worn at all time during clinical placement or student may not be allowed to participate in clinical placement. Some clinical sites have a site specific uniform policy, this is acceptable and replaces the regular policy. Please see appropriate pre-placement information.

See Appendix I for contact details for staff members.

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 Tutor meetings. Following discussion and agreement any appropriate follow-up action is taken.
Curriculum change
Change to PE structure

Head of school
or PEC

Site Tutor

Meeting with
Student reps &
School

Student Feedback
via online survey

After each placement
EB reviews all forms

End of the year
Reports on each of the core areas distributed
to lecturers
Individual site report sent to tutors
Identification of themes of feedback

Curriculum change
Change to PE structure
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 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 Tutor (PT). Review of areas for development from previous placements is useful when planning 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 musculo-skeletal 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

- O$_2$ 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, Pneumonectomy, 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), Transoesophageal 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 goals 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 tutor/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, Pneumonectomy, Pleurectomy
- Haemodynamic monitoring such as HR, Pulse Oximetry, BP, CVP, ECG, Cardiac Pacing,
- Cardiac investigations such as ECHO / Cardiac 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.

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

**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

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

**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 Tutor / 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, Placement 5 and Placement 6 (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 each 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 Tutor 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 PE/PT 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 Tutor (+/- 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 PE/PT 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 Tutor (+/- Physiotherapy Manager as appropriate)
to discuss and implement further appropriate action. Should a student be deemed unprofessional to remain in placement, then the School 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 PE / PT 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 2 or more sections of the evaluation form (mark awarded will be 39%)
    - Or
  - 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 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 Tutor must verify the hours completed and sign that the record is accurate.
Students are also requested to complete an outline of hours spent in core areas of practice (respiratory, musculoskeletal, neurology) for future transcripts.

- The CAF can be located at: [www.medicine.tcd.ie/physiotherapy/clinical_education](http://www.medicine.tcd.ie/physiotherapy/clinical_education)

Placement 1 (P1), Placement 2 (P2), Placement 3 (P3), Placement 4 (P4), Placement 5 (P5) and Placement 6 (P6) 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. 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>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>2\textsuperscript{nd} year</td>
<td>20%</td>
</tr>
<tr>
<td>P2 and P3</td>
<td>3\textsuperscript{rd} year</td>
<td>19% (9.5% each)</td>
</tr>
<tr>
<td>P4</td>
<td>4\textsuperscript{th} year</td>
<td>Pass/Fail</td>
</tr>
<tr>
<td>P5 and P6</td>
<td>4\textsuperscript{th} year</td>
<td>16.66% (8.3% each)</td>
</tr>
<tr>
<td>Final Patient Assessment (FPA)</td>
<td>4\textsuperscript{th} year</td>
<td>16.66%</td>
</tr>
</tbody>
</table>

The final page in the CAF is the Summary Record of Clinical Experience. Students who are on placement where a number of different core clinical areas are covered e.g. in Acute Medical Admission in SJH where approximately fifty percent of the patients are respiratory and the remaining are care of the elderly are required to reflect the number of hours in each area in the summary record. This record is required for future transcripts.
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 16.66% of the final degree award. This will be performed while the student is on clinical placement in Placement 5 (P5) or Placement 6 (P6), 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 whether the Final Patient Assessment clinical examination will involve a previously unseen or seen patient will depend on the availability of suitable and consenting patients at the time of the examination and is taken by the Practice Educator often in conjunction with the 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
5  mins  Formulate thoughts
10 mins  Discussion with examiners about assessment findings and underlying clinical reasoning process

PREVIOUSLY SEEN PATIENT

5 mins  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)
40 mins  Review and continuing treatment of the patient
5 mins  Formulate thoughts
15 mins  Discussion with examiners about findings and underlying clinical reasoning process
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 in-patients 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 Tutor, 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 P5 or P6. 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 P5, it may be undertaken in P6. If the exam is failed in P6, 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 P6 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. Repeat marks awarded for the FPA are not capped.
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

Consent form and marking guidelines for the exam can be found in Appendices VI, VII and VII.
Section F: The Under Performing Student

- A Clinical Placement may be failed if the following marks are awarded on the CAF:
  - Scores < 40% overall
  - Scores < 40% in 2 or more sections of the evaluation form
    OR
  - Fails Part 2 of the CAF

- If the Practice Educator or Practice Tutor is concerned, that the student performance indicates that they may be at risk of failing at any stage during the placement, or at before midway or final assessment, a Risk of Failure Form should be completed (available on the website). The form should be given to the student with written and verbal feedback outlining areas of concern in their performance, specific objectives to be achieved in relation to the areas of concern and supports recommended. The Discipline of Physiotherapy must be notified.

- If a student fails to meet the required standard at the midway or final assessment, the Discipline of Physiotherapy must be notified and will provide the necessary supports to the student and Practice Educator to identify weaknesses and means for achieving a satisfactory outcome where possible.

- The following is an outline of the process to be undertaken with the underperforming student:

  - **Failure** to meet the required standard
    - The student must be informed *why*
    - The CAF should be shown to the student with written feedback regarding the student’s performance
    - Give specific examples e.g. specific knowledge deficits, limitation in skills, unprofessional behaviour

  - **Consequences** of failing the final CAF evaluation
    - The placement must be repeated.

    - 2nd year – repeat the placement during the summer months if possible or at the next appropriate placement date available. Students must pass a repeated placement to proceed with further clinical placements. All regular scheduled placements will also have to be successfully completed before a student can progress to the next Practice Education Module.
    - 3rd year – If a placement is failed during the academic year, repeat the placement at the next appropriate placement date available. Students must pass a repeated placement to proceed with further clinical placements. All regular scheduled placements will have to be successfully completed before a student can progress to the next Practice Education Module.
• 4th year – If P4 placement is failed, the placement may be repeated during the summer depending on the availability of placements. If a placement is failed during Semester 1 of the academic year, the placement may be repeated at the next appropriate placement date available. If the final placement is failed it will be repeated after the final exams before a date dictated by the University Board of Examiners.

o Change in behaviour required in order to meet the required standard
  • This will be based on the reasons for not meeting the required standard to date. Students with the support of the Practice Educator or Practice Tutor must engage with the support process put in place and demonstrate through their behaviour having achieved a pass level or higher within the timeframe specified.

o Resources (that will be made available to the student by the Practice Educator and the Discipline of Physiotherapy to facilitate his/her improvement.)
  • These should be specified, e.g. 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.
  • Feedback should be given on a more regular basis than usual e.g. every day, for the remainder of the placement to support the student to reached the required standard (The Discipline of Physiotherapy will provide support and assistance to the Practice Educator).

• In the case of a student ‘being unsafe’, in the first instance, where necessary, steps must be taken to protect patients, staff and the student themselves. The Practice Educator should contact their Manager, a Practice Tutor/Regional Placement Facilitator and the Practice Education Co-ordinator. The Discipline of Physiotherapy must be informed and will liaise with the Practice Educator/ Practice Tutor (and Physiotherapy Manager if deemed necessary) after which a decision will be made: Potential decisions:
  o The student has failed the placement
  o After a formal safety warning, the student may continue (possibly with restrictions) until ‘safety’ is demonstrated – if the student continues to fail to meet the required safety standard, the placement will be failed
  o The Practice Educator may deem it necessary to remove the student from the clinical practice area until the Discipline of Physiotherapy has been notified of the incident
• The student will be notified that he/she:
  o Has failed the placement
  o May fail the placement, unless the problem is remedied – advice must also be given on how to remedy the problem

• If the student does not reach minimum standard by 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 minimum standard and that reasonable appropriate measures were taken to assist the student to meet the required standard where possible. The placement will be completed in the same core area but may be in a different clinical site.

  o If a student fails a repeat placement the student will not normally be permitted to progress. The case will be brought to the Court of Examiners. The mark awarded to a repeat placement is capped at 40%.
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 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 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 EO. 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. If a student is going to be absent from placement for any reason it is essential to inform the Practice Educator and Practice Tutor (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.

Prior to clinical placement commencing if you are aware that you will miss clinical education hours please contact the Practice Education Co-ordinator to discuss options to make up clinical hours as needed. Please also inform your Practice Educator/Practice Tutor/Regional Placement Facilitator in advance or on the first day of placement.

Holidays
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 on their CAF Part 2 if this occurs and will remain a permanent record on the student’s CAF.

Sick leave
If a student is sick when on clinical placement they must phone their Practice Educator and the Practice Education Co-ordinator. The number of days a student is absent will be recorded on their clinical assessment form by their supervising physiotherapist when the placement is completed. A record of clinical hours completed is maintained by the Practice Education Co-ordinator. 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 their doctor. Medical certification can be supplied retrospectively. Students are expected to complete at least eighty percent of their allocated placement time. Exceptions can only be made exceptional circumstances.

College Sports Events
Students may attend college sporting events if they are representing Trinity College as individuals or as a team member. They must supply the Practice Education Co-ordinator with a letter from their coach or DUCAC stating that the student will be participating in a sports event representing Trinity College. The date and time of the events should be included.

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 Tutor 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. If this should arise the Discipline of Physiotherapy will try to accommodate the student in an alternative site. 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 standard of 1000 hours.
**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 Tutor 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 no-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 Tutor or Regional Placement Facilitator/Practice Education Co-ordinator.

**Student absence from placement**
If a student knowingly does not attend placement or leaves the placement site during the normal scheduled hours and does not contact the clinical site in advance to inform them of their absence they may be given a verbal or written (CAF) professional warning.

**Other requests**
Individual requests may be made for a special event (excluding holidays) that a student requires time out from their clinical placement. These requests will be considered by the Practice Educator and Practice Tutor/Regional Placement Facilitator or the Practice Education Co-ordinator. If a student is not progressing adequately in their clinical placement as assessed by their Practice Educator and Practice Tutor/Regional Placement Facilitator or Practice Education Co-ordinator it may be deemed inappropriate to take time out of their clinical placement.
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 etc. 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 Tutor/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.
- A formal grievance procedure for students is set in Appendix VIII.

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. Formal mid-placement assessment must be provided. However it is the student’s responsibility to negotiate additional feedback sessions if these are required. The Five Minutes Feedback Form provides a useful tool for feedback. Please remember that feedback should be provided at a time suitable to the Practice Educator when all patient commitments have been completed.

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 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 Tutor or supervising Physiotherapist.

Garda Vetting

All students are required to provide Garda Vetting record to the Discipline of Physiotherapy before they can commence clinical placement. 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 physiotherapy students must submit a Garda Clearance Form to the Academic Registry Office before they are allowed to register for the BSc Physiotherapy course in first year. This form is available on the TCD orientation website [https://www.tcd.ie/orientation/](https://www.tcd.ie/orientation/).

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 Office will process the vetting requests for all relevant entrants with the National Vetting Bureau.

From 2016, the vetting result will be provided directly to the student from the Academic Registry Office. The Discipline of Physiotherapy will be provided with a list of students who have successfully completed Garda Clearance. 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) will 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 a later date in the course or students may be required to complete the full placement if the injury occurs in the early stages of the placement.

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 supervisor 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. Some clinical sites require MRSA screening e.g. Cappagh Hospital. Students allocated to Cappagh Hospital must contact the Physiotherapy Department for further information in advance of the placement.

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. (forms are available on the website). If the appropriate documentation is not provided or if it transpires that the student has not had all of their vaccinations they may not be permitted to start placement on the scheduled date.

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.

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 they will be accepted to register for the course to certify their immunity to Tuberculosis (not merely a negative
Mantoux test) Measles, Rubella and Chickenpox. In addition, students must produce evidence of their Hepatitis B and C status and where appropriate confirmation that they do not have active disease. 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. Please see vaccination screening pack for new entrants for detailed information (Appendix X).

The Discipline of Physiotherapy facilitates a course of Hep B vaccinations (three injections) through College Health (cost €110). 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 College Health. All students provided with the Hep. B vaccination course by College Health 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. 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. The class will be notified when this course is running.

Heart Saver 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 receive a certificate of completion of the course from the course instructor when the class is completed. Certification of Heart Saver 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 speak 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 Tutor/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 in the Orthopaedic and Musculoskeletal Module in second year. All students must successful complete their manual handling exam before they are permitted to undertake clinical at the end of second year.

Practical Exams
Students must successfully complete the practical exams before entering the clinical environment as part of the Physiotherapy Skills (First year) and other modules including Neurology, Respiratory and Musculoskeletal Modules. This is to ensure that students are safe and competent in the practical skills acquired during the module. 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. A mark of 50% will be awarded for a successful second attempt at the practical assessment. Failure at a second attempt will require a student to re-sit the year unless there are extenuating circumstances.
Students should follow college/clinical placement directives regarding swine flu (see H1N1 Pandemic 2009 on TCD website).

Section K: Practice Education I Module

Practice Education I module consists of ‘Preparation for Clinical Placement’ lectures and clinical placement 1.

For the student

- Module components
- Undergraduate Learning Portfolio
- Learning Styles
- Learning Objectives

For the Practice Educator

- Recommended readings/links/e-learning.
- Creating a positive learning environment
- Guidelines for Practice Educators regarding supervision/caseload.
- Giving Effective Feedback.
- Clinical Placement Audit Tool CSP.

Outline of Preparation for Clinical Practice Course

- Introduction to Practice Education includes: clinical placement structure, learning objectives for each Practice Education Module, Roles of Practice Education Team including Practice Education Co-ordinator, Practice Tutors, Regional Placement Facilitators and visiting support staff form HEI, the role of the student during placement, the HEI support systems, grading of clinical placements and the Common Assessment Form, clinical hours, planning placement objectives, 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, TCD Student CV) problems on placement and supports available, Cardiac First Response training.
- Introduction to documentation: database collection and S.O.A.P. writing notes.
- Introduction to Primary Care
- Infection control on placement including hand washing technique (online HSELand course).
- Introduction to the role of the multidisciplinary team – case scenario.
- Introduction to the Undergraduate Learning Portfolio including Reflective Learning
- Developing placement learning objectives
- Introduction to Clinical Reasoning and the Clinical Reasoning Form
- Independent learning for the clinical setting (Blackboard)
- Cultural diversity in the clinical setting (Blackboard)
- Practical skills workshops.

All students are required to read the pre-placement information on the website and prepare for their clinical placement. Work, sporting and external commitments are not valid reasons for not having completed necessary preparatory and ongoing work for clinical placement.

Undergraduate Learning Portfolio (Planned and Unplanned Learning Activities)
As part of developing reflective practice skills students are required to undertake reflective 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 Tutor (PT) on 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/

**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**
  - 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 and Belbin team roles are explored with students during Professional Issues 1: The Individual and the Organisation in 2nd year. Students are encouraged to provide clinical sites with their learning style information before commencing placement. This will allow the PE/PT to consider the learning environment and the student’s style and how it might be facilitate during placement.

**LEARNING OBJECTIVES FOR CLINICAL PLACEMENT**

General learning objectives for each Practice Education Module are set out in See ‘Placement Resources for Students’ tab on the website. https://medicine.tcd.ie/physiotherapy/practice-education/
Students should set individual learning objectives with the Practice Educator and/or Practice Tutor for every clinical placement undertaken. The Placement Learning Objectives Form is available under student resources on the website. If possible they 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 they may be carrying and the supervisor to assess the student understanding of their learning needs. The student should draw up a preliminary list of objectives before placement and they can be fine-tuned with their supervisor.

**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
- **Measurable**: Can the learning objective be achieved within the time agreed or completed to a satisfactory level after x amount of time?
- **Achievable**: Is the objective agreed with your clinical supervisor as being achievable within the timeframe of placement?
- **Realistic**: Do the opportunities exist to complete the objective within the timeframe? Is it a realistic task for your level?
- **Timed**: Can the objective be completed in 1 day, 2 weeks, 1 month or over a term?

The Placement Learning Objectives Form should be viewed as a working document that should be revised and added to regularly during the course of the placement. Students should review their 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 Tutor. Learning objectives should always be reviewed and adjusted as necessary with the Practice Educator at the midway assessment.

**Example of NON-SPECIFIC OBJECTIVE** - Third year student on an elective orthopaedic placement.

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you want to achieve/learn?</td>
<td>How will I go about learning/perfecting the task?</td>
<td>What evaluation will be used? Who will confirm if the objectives have been completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What timeframe have I set?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete an orthopaedic assessment by the end of placement</td>
<td>Observe supervising clinician Read books</td>
<td>Supervising clinician</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example of a SPECIFIC APPROPRIATE objective

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What do you want to achieve/learn? What timeframe have I set?</strong></td>
<td><strong>How will I go about learning/perfecting the task?</strong></td>
<td><strong>What evaluation will be used? Who will confirm if the objectives have been completed?</strong></td>
</tr>
</tbody>
</table>

1. Complete an elective pre-operative subjective and objective orthopaedic hip assessment independently by the end of the second week of placement.

   - Read relevant
     - Anatomy of joints
     - OA
     - Protocols
     - Assessment form currently used
     - Lecture notes on musculoskeletal and orthopaedic assessment
   - Observe pre-operative assessment
   - Extract relevant information from patients medical notes
   - Plan assessment with sup. clinician
   - Break assessment into components and practice each component with Practice Educator/Practice Tutor/other std
   - Practice full assessment on patients
   - Present assessment to sup. clinician
   - Completed 6 pre-operative hip assessments
   - PE/PT reviewed 3 assessments notes and gave feedback

2. Be able to confidently observe/measure and record
   - Posture
   - R.O.M. (UL and LL)
   - Power (UL and LL)
   - Leg length
   - Transfers
   - Muscle bulk
   - PE/PT observed a full objective assessment and reviewed subjective notes with feedback
Example of fourth year student appropriate objective

<table>
<thead>
<tr>
<th>Objectives/date set</th>
<th>Learning resources – techniques &amp; tools</th>
<th>Method of evaluation</th>
<th>No</th>
<th>Yes</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 will confirm if the objectives have been completed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Be able to explain/know the principles of Bi-PAP. State the indication and contraindication for BiPAP. Use Bi-PAP treatment effectively (with supervision) on appropriate patient</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-PAP with Practice Educator</td>
<td>Attending in-service training and practical sessions with face model Observed Bi-PAP being used 5 times by Practice Educator Assisted sup clinician with the use of Bi-PAP 3 times Used Bi-PAP treatment for appropriate patient with Practice Educator observing 3 times</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PREPARATION FOR THE PRACTICE EDUCATOR

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.

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, weaknesses, 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 the study these. Onsite education relating to student supervision is also provided by the Practice Education Team as needed. On-going education in student supervision is recommended to keep abreast of new ideas or developments in clinical education.

Secondly, 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?

Thirdly, it is important for the Practice Educator to familiarise themselves with the students clinical background regarding previous clinical experience, the number and type of clinical placements already completed, together with the coursework already completed prior to placement commencement. Students send their TCD Student CV two weeks in advance of placement and where they outline their placement experience and skills developed in previous placements. It may also be of use to distribute a learning styles questionnaire to the students to identify what type of learner the student is (Reflector, activist, theorist etc.).

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 that they will be a part of. (Induction)
- Setting and clearly identifying 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 your clinical site should be given to the student at this time.
• Identifying the students learning objectives jointly should be carried out within the first week of placement and reviewed on a regular basis throughout the placement to ensure that the learning objectives are being met. The Placement Learning Objectives Form should be used. It allows clarification of what the student expects to see/ do/ learn during their placement. This form guides the student towards setting S.M.A.R.T and challenging objectives and helps identify learning needs of the student. It should be completed with the clinical educator as this creates an awareness of both student and clinical educator’s expectations, ensure appropriateness and suitability of the objectives and helps minimise conflict and confusion during placement if objectives are clearly outlined together from the beginning. The form will take time to complete with the student. It is a valuable tool, it is used as record of the agreed objectives of both student and clinical educator and facilitates the student in getting the most from the clinical placement.

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

• Use of different learning methods such as observation, hands-on practice, inservices, operating theatre visits, delivering presentations, audio-visual aids, skills practice sessions and use of equipment.

• 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. 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.

• Correct use of the clinical appraisal form: it is important that the clinical educator is familiar with this formal measure of the students’ performance. The form must be used at midway and at the end of the placement and constructive feedback given to the student using this form at both times.

• 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. 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.
GUIDELINES FOR PRACTICE EDUCATORS REGARDING SUPERVISION /CASELOAD

The purpose of supervision is twofold: to ensure safe and effective assessment and effective treatment of patients and to ensure a directed learning environment. Supervision consists of observation of 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. Subsequently, the student should perform components or a full assessment/treatment (depending on their level), or a similar one under direct supervision of the Practice Educator.

3. While observing the student, the Practice Educator should offer immediate feedback regarding the quality of the student’s performance. Comments should be relayed to the student away from the patient in order not to compromise the patient/student rapport. Measures to ensure appropriate communication in the presence of patients should be discussed at the outset of the placement.

4. 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.

5. 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).

6. 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 Tutor satisfaction. There are three conditions that are necessary for students to benefit from feedback:

1. A clear understanding of the goal or standard or reference level 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 (Sadler, 1989).

Giving feedback at the appropriate time with specific examples of a particular task carried out by the student is key to giving the student effective feedback. It must be clear that the student understands what is being asked of them (provide the students with a picture of what you see as success) and that they understand the feedback they have been given. The students’ perspective should be sought at the time and allow them time to respond.

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 a plan however, they may need guidance.

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.

**Recommended reading:**

- **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 module for the education of Practice Educators have been developed for the HSE and is available on HSELand.

The following instruction should be followed to access the site:
- When registered proceed as follows:
  - Login to www.hseland.ie
  - Go to practice development hubs
  - Select Health & Social Care Professionals Hub and it will take you directly to the H&SCP hub
  - Hit Launch Hub
  - Select Practice Education
  - On the dropdown menu select on line practice educator course.

- Other useful resources are:
  - [London Deanery website](#)
  - [Practice Educator Competencies](#)
TCD PRACTICE EDUCATION CLINICAL SITE AUDIT

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:**

<table>
<thead>
<tr>
<th>Placement site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td></td>
</tr>
</tbody>
</table>

| 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 4 weeks in advance of the academic year |  |
| Throughout the academic year are the students' names, stage on the course and placement dates available 4 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) |  |
| Info 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) |  |

<p>| 4. Does orientation include information about the following? |  |
| Name and contact details of PT/RPF, college support person |  |
| Name of physiotherapist to bleep in event of difficulties |  |
| How bleep system works |  |</p>
<table>
<thead>
<tr>
<th>Relevant telephone numbers</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing facilities</td>
<td></td>
</tr>
<tr>
<td>Start time/ Lunch hour / Finish time</td>
<td></td>
</tr>
<tr>
<td>Accident &amp; emergency procedures</td>
<td></td>
</tr>
<tr>
<td>Procedure in the case of an accident to student or patient being treated by student</td>
<td></td>
</tr>
<tr>
<td>Local infection control policies</td>
<td></td>
</tr>
<tr>
<td>General information about department e.g. canteen, shop, staff room access etc.</td>
<td></td>
</tr>
<tr>
<td>Staff structure</td>
<td></td>
</tr>
<tr>
<td>Specialities of department</td>
<td></td>
</tr>
<tr>
<td>How to record statistics</td>
<td></td>
</tr>
</tbody>
</table>

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

| Review the learning outcomes of the placement |  |
| Plan the students & clinicians caseloads |  |
| Take into account students level & local learning opportunities |  |
| Plan induction period for the student |  |
| Identify & contact any other team member who may be involved in the learning process |  |

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

| Set ground rules regarding clinical site expectations in within the first week of placement |  |
| Ensure the placement meets the learning outcomes/expectations of the Discipline of Physiotherapy |  |
| Ensure the student takes advantage of potential learning experiences of the placement |  |
| Provide regular feedback to the student regarding their performance. Use the 5 minute feedback form for week feedback and review of goals |  |
| Provide regular feedback to the tutor regarding the student’s performance (at least once weekly) |  |
| Provide advisory support to the student as necessary |  |
| Liaise with the PT/RPF on placement management |  |
| Placement providers must ensure the health & safety of students whilst on placement |  |

### 7. On placement do Practice Educators:

| Make alternative arrangements for students in case of PEs absence? |  |
| Explore all possible models of clinical education in their clinical area e.g. 2 or more students to one supervisor |  |
| 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 |  |

### 8. Do these criteria pertain to Practice Educators in your site?

| Have practised physiotherapy for at least one - two years |  |
| Undertake regular CPD in practice education |  |
| Demonstrate a positive commitment to physiotherapy student education |  |
| 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
Aware of ISCP Practice Education Competencies and Practice Education Pathway
Competent in identifying & developing education opportunities for students in their area of practice

<table>
<thead>
<tr>
<th>9. Does the following apply to students on placement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written placement goals 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 (2-3 times per week or at least once weekly)</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</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)</td>
</tr>
<tr>
<td>Written procedures for grievances are available (Practice Education Handbook)</td>
</tr>
<tr>
<td>Institutions investigate &amp; respond to reasonable grievances about clinical placements</td>
</tr>
</tbody>
</table>

<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</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 L: 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,</td>
<td>Analysis and problem list</td>
</tr>
<tr>
<td>Subjective, objective</td>
<td></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 condition
(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.

PROBLEM LIST

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>

Other relevant problems | Plan
---|---

- **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 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
   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 M: Case Presentations

Students may be required to complete a case presentation during their clinical placements. This is normally a Power Point 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 Tutor. 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 your placement, the types of patients you saw and why you chose this particular patient
- 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 you have learnt from treating this patient
  - Reflect on what you would do 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 Clinical Tutor and fellow students
Section N: International Clinical Placements

The optional international placement (P4) takes place during the summer months at the end of the 3rd year.

The general goals of an international placement are as follows;

- Increase your awareness of different healthcare structures and practices.
- Increase your understanding of the global perspective of disease, disability and healthcare.
- Improve your cultural competence and sensitivity through immersion in another culture.
- Improve your communication and understanding of colleagues and patients of other cultures.
- Develop and broaden your clinical experience and life skills.

An international placement requires a large commitment both in terms of organisation and finances, so it is best to review the process thoroughly prior to contacting placement sites. This placement is organised independently by the student in co-operation with the International Placement Coordinator; Dr Emer Barrett. It is of four weeks duration and can take place in June through to September. Please note that students wishing to go on an international placement must achieve a minimum of a 2.2 on each of their previous placements.

International placements should be planned during the first semester of 3rd year. Students should make formal contact with the Physiotherapy manager of the hospital/clinic where they hope to complete a placement.

Details to include are:

- Your name, address and current phone number
- Your email address
- Name of the university
- Year of study
- Dates of the placement. There may be a degree of flexibility required to suit the placement provider
- The type of clinical experience you are seeking
- Your clinical experience to date
- Contact details for the International Placement Coordinator: Dr Emer Barrett, Tel: 01 896 2120, email: barrete@tcd.ie
- Assessment procedure for the placement
- A short outline of the course content covered to date
- State that you have completed manual handling and CPR training (+/- First Aid Course)

It is preferable to include a student C.V.

Once you have received confirmation of the placement you must inform the International Placement Coordinator by email and include a copy of the confirmation. If you contact multiple sites, you must contact all the other sites you applied to informing them you have obtained a placement elsewhere.

An email will be sent to all international placement sites a number of weeks in advance of your placement. This will include a copy of the University of Dublin letter of indemnity for insurance purposes, a copy of the clinical assessment form and contact details for the
International Placement Coordinator. Students are requested to contact the International Coordinator during the first two weeks of their placement.

**Information to consider prior to the organisation of an international placement:**

- What is the purpose of the placement?
- What do you hope to gain from the experience?
- Consider the location: Have you any contacts - family, friends or professional within the EU or other countries? It is often easier to arrange a placement in sites where there is a history of taking TCD students. A number of sites have expressed their interest in facilitating annual placements for TCD students. The International Coordinator will advise you of this and detailed information will be available via Blackboard.
- Consider the financial implications; remember to include vaccines, visas, registration, flights, accommodation, food, travel etc.
- Insurance requirements - **Personal Accident and Travel Insurance is mandatory** in addition to the insurance cover provided by Trinity College. Please check with the International Placement Coordinator to ensure insurance cover is provided for the country in which you plan to complete your placement.
- Visa requirements - Check with local Embassies.
- Safety – do you intend to travel in a group or independently? Review Embassy guidelines relating to safety recommendations for the country.
- Please see TCD Guidelines on International Development Volunteering & Service-Learning at [http://www.tcd.ie/Community/resources/](http://www.tcd.ie/Community/resources/)

**Information you should seek from potential placement sites includes:**

- Documentation requirements in terms of health records e.g. Hep B status, B.C.G. status, local vaccine requirements etc.
- Set up of the clinical environment e.g. hospital ward, outpatient clinic, community based placement etc.
- Types of patients and conditions you will encounter
- Level of supervision available
- Uniform requirements
- Availability of accommodation, cooking facilities, laundry, distance form hospital etc.
- Local transport, if needed
- Access to library facilities, online journals

Contact the physiotherapy professional body of the local country as registration may be required. Generally there will be a fee for this. If you require vaccinations, please organise these well in advance of travel as many students from the School of Medicine organise international placements and booking an appointment in college health may prove difficult. If you need a Mantoux test it will have to be read a few days after the initial dose and you may need to get a further dose before the clinic is satisfied with the reading. You need to organise this well in advance of your trip.

All students will have to complete a short report and presentation on their return.

- Further useful information is available from: World Confederation for Physical Therapy (WCPT) Directory of member organizations and other contact addresses for physiotherapy associations worldwide. [http://www.wcpt.org/](http://www.wcpt.org/)
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. 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 Placement 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 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>Dr John Gormley</td>
<td>Senior Lecturer/ 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>
</tr>
</tbody>
</table>

Practice Tutor contacts numbers

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Phone/ Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<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>Rachel Fitzgerald</td>
<td>St. James Hospital</td>
<td>(01) 4284555</td>
<td><a href="mailto:rfitzgerald@st.james">rfitzgerald@st.james</a>’s.ie</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>Louise Bernard/ Pauline Walsh</td>
<td>AMNCH Out-patients &amp; Orthopaedics</td>
<td>(01) 414 2764/3943 Bleep 7089</td>
<td><a href="mailto:a1213792@amnch.ie">a1213792@amnch.ie</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:Pauline.walsh@amnch.ie">Pauline.walsh@amnch.ie</a></td>
</tr>
<tr>
<td>Niamh Leonard /Sorcha Barry</td>
<td>National Rehabilitation Hospital</td>
<td>(01) 235 5332</td>
<td><a href="mailto:Niamh.leonard@nrh.ie">Niamh.leonard@nrh.ie</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:sorcha.barry@nrh.ie">sorcha.barry@nrh.ie</a></td>
</tr>
<tr>
<td>Collette Finnegan</td>
<td>Tullamore Orthopaedics &amp; Respiratory (wed,thurs,fri)</td>
<td>046 9733511</td>
<td><a href="mailto:Rehab.edenderry@hse.ie">Rehab.edenderry@hse.ie</a></td>
</tr>
<tr>
<td>Judith O’Connell /Susan Ward</td>
<td>Our Lady’s Children’s Hospital Crumlin - Paediatrics</td>
<td>(01) 4096100/40 9 6617 Bleep 707</td>
<td><a href="mailto:juditho.connell@OLCHC.ie">juditho.connell@OLCHC.ie</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:Susan.Ward@olchc.ie">Susan.Ward@olchc.ie</a></td>
</tr>
<tr>
<td>Kate Plunkett</td>
<td>Midland Regional Hospital, Mullingar</td>
<td></td>
<td><a href="mailto:Kate.plunkett@hse.ie">Kate.plunkett@hse.ie</a></td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Contact</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------</td>
<td>------------------------------</td>
<td></td>
</tr>
<tr>
<td>Emer O’Malley</td>
<td>St. Colmumcilles 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>
<td></td>
</tr>
</tbody>
</table>

**Discipline of Physiotherapy Lecturing Staff**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Marese Cooney</td>
<td>Physiotherapy Lecturer</td>
<td>(01) 896 2124 <a href="mailto:mcooney@tcd.ie">mcooney@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Sara Dockrell</td>
<td>Physiotherapy Lecturer</td>
<td>(01) 896 2126 <a href="mailto:sara.dockrell@tcd.ie">sara.dockrell@tcd.ie</a></td>
</tr>
<tr>
<td>Elizabeth Culleton Quinn</td>
<td>Physiotherapy Lecturer</td>
<td>(01) 896 2123 <a href="mailto:cullitoe@tcd.ie">cullitoe@tcd.ie</a></td>
</tr>
<tr>
<td>Dr John Gormley</td>
<td>Senior Physiotherapy Lecturer</td>
<td>(01) 896 2121 <a href="mailto:jgormley@tcd.ie">jgormley@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Emma K. Stokes</td>
<td>Senior Physiotherapy Lecturer</td>
<td>(01) 896 2127 <a href="mailto:estokes@tcd.ie">estokes@tcd.ie</a></td>
</tr>
<tr>
<td>Dr Fiona Wilson</td>
<td>Physiotherapy Lecturer</td>
<td>(01) 896 3534 <a href="mailto:wilsonf@tcd.ie">wilsonf@tcd.ie</a></td>
</tr>
<tr>
<td>Cillin Condon</td>
<td>Clinical Teacher</td>
<td>(01) 896 2123 <a href="mailto:condonc@tcd.ie">condonc@tcd.ie</a></td>
</tr>
<tr>
<td>Clinical Site</td>
<td>Abbreviation for Placement List</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Tallaght Hospital</td>
<td>TH</td>
<td>(01) 414 2000</td>
</tr>
<tr>
<td>Cappagh Orthopaedic Hospital Finglas Dublin 11</td>
<td>Cappagh</td>
<td>(01) 834 1211</td>
</tr>
<tr>
<td>Cavan General Hospital Cavan Co. Cavan</td>
<td>Cavan</td>
<td>(049) 436 1399</td>
</tr>
<tr>
<td>CRC Clontarf Vernon Avenue Clontarf Dublin 3</td>
<td>CRC Clontarf</td>
<td>(01) 833 2206</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>
</tr>
<tr>
<td>Enable Ireland Sandymount Avenue Dublin 4</td>
<td>EI Sandymount</td>
<td>(01) 261 5900</td>
</tr>
<tr>
<td>Enable Ireland Tallaght, Scoil Iosa, Tyman North, Tallaght, Dublin 24</td>
<td>ET Tallaght</td>
<td></td>
</tr>
<tr>
<td>Bons Secours Hospital Glasnevin</td>
<td>Bons Secours</td>
<td>(01 806 5339)</td>
</tr>
<tr>
<td>Enable Ireland Arklow, 2nd Floor Avoca River House, North Quay, Arklow, Co Wicklow</td>
<td>EI Arklow</td>
<td></td>
</tr>
<tr>
<td>Incorporated Orthopaedic Hospital of Ireland Castle Avenue Clontarf Dublin 3</td>
<td>IOH Clontarf</td>
<td>(01) 833 1211</td>
</tr>
<tr>
<td>Meath PCCC Physiotherapy Services HSE North NE Unit 44 Enterprise Centre Navan Co. Meath</td>
<td>Meath PCCC</td>
<td>(046) 909 7852</td>
</tr>
<tr>
<td>Midland Regional Hospital Arden Road Tullamore Co. Offaly</td>
<td>Tullamore</td>
<td>057 9358721 0579358715</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>
</tr>
<tr>
<td>National Rehabilitation Hospital Dun Laoghaire Co. Dublin</td>
<td>NRH</td>
<td>(01) 285 4777</td>
</tr>
<tr>
<td>Peamount Hospital Newcastle Co. Dublin</td>
<td>Peamount Hospital</td>
<td>(601 0300)</td>
</tr>
<tr>
<td>St. Columcilles Hospital Loughlinstown Co. Dublin</td>
<td>St. Columcilles Hospital</td>
<td>(01) 211 5245</td>
</tr>
<tr>
<td>Location</td>
<td>Contact Person</td>
<td>Information</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>St. James’s Hospital</td>
<td>SJH</td>
<td>(01) 416 2503</td>
</tr>
<tr>
<td>James’s Street</td>
<td></td>
<td>Noreen O Shea, Rachel Fitzgerald, Alice Waugh (Practice Tutors)</td>
</tr>
<tr>
<td>St Michael’s House</td>
<td>SMH</td>
<td>Tel: (01) 884 0200</td>
</tr>
<tr>
<td>Ballymun</td>
<td></td>
<td>Orlagh Mooney (Senior Physiotherapist)</td>
</tr>
<tr>
<td>The Royal Hospital</td>
<td>RHD</td>
<td>(01) 497 2844/2689</td>
</tr>
<tr>
<td>Morehampton Road</td>
<td></td>
<td>Mark Harwood (Senior Physiotherapist)</td>
</tr>
<tr>
<td>Donnybrook</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stewarts Hospital</td>
<td>Stewarts</td>
<td>(01) 6518171</td>
</tr>
<tr>
<td>Palmerstown</td>
<td></td>
<td>Kellie Bradley (Physiotherapy Manager)</td>
</tr>
<tr>
<td>Dublin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wicklow Community Services</td>
<td>St.Colman’s Hospital</td>
<td>(0404) 46109</td>
</tr>
<tr>
<td></td>
<td>Primary Care Newtown</td>
<td>John Nwobo (Physiotherapy Manager)</td>
</tr>
<tr>
<td></td>
<td>Mount Kennedy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bray</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arklow</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Dublin South Central</td>
<td>PCCC Thomas Court,</td>
<td>Margaret Collins (Physiotherapy Manager)</td>
</tr>
<tr>
<td></td>
<td>PCCC Pearse Street,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCCC Bru Caoimhin,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meath Community Campus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PCCC Dublin</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Dublin West</td>
<td>PCCC</td>
<td>(01) 620 6226</td>
</tr>
<tr>
<td></td>
<td>Ballyfermot Hospital</td>
<td>Laura Fitzharris (Physiotherapy Manager)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Dublin South West</td>
<td>Chamber House</td>
<td>(01) 709 9952</td>
</tr>
<tr>
<td></td>
<td>Tallaght</td>
<td>Conor McNally (Physiotherapy Manager)</td>
</tr>
<tr>
<td></td>
<td>Millbrook Lawns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crumlin Road</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Armagh Road</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care Dublin North Central</td>
<td>PCCC Ballymun</td>
<td>Barbara Rooney (Physiotherapy Manager)</td>
</tr>
<tr>
<td></td>
<td>North Great Georges</td>
<td>Catherine Devaney (Senior Physiotherapist)</td>
</tr>
<tr>
<td></td>
<td>St. Claremont Ballymun</td>
<td></td>
</tr>
</tbody>
</table>

*The above list consists of regular placement sites provided to TCD. Other clinical sites may also provide clinical placements.*
## Appendix III: CLINICAL PLACEMENT TIMETABLE 2016-2017

<table>
<thead>
<tr>
<th>SEMESTER 1</th>
<th>Dates</th>
<th>4th YEARS</th>
<th>3rd YEARS</th>
<th>2nd YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Week 1 clinical</td>
<td>No Teaching</td>
<td>No Teaching</td>
</tr>
<tr>
<td>19/09/16</td>
<td>P5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26/09/16</td>
<td>Week 2 clinical</td>
<td>Teaching 1</td>
<td></td>
<td>Teaching 1</td>
</tr>
<tr>
<td>03/10/16</td>
<td>Week 3 clinical</td>
<td>Teaching 2</td>
<td></td>
<td>Teaching 2</td>
</tr>
<tr>
<td>10/10/16</td>
<td>Week 4 clinical</td>
<td>Teaching 3</td>
<td></td>
<td>Teaching 3</td>
</tr>
<tr>
<td>17/10/16</td>
<td>Week 5 clinical</td>
<td>Teaching 4</td>
<td></td>
<td>Teaching 4</td>
</tr>
<tr>
<td>24/10/16</td>
<td>Week 6 clinical</td>
<td>Teaching 5</td>
<td></td>
<td>Teaching 5</td>
</tr>
<tr>
<td>30/10/16</td>
<td>Preparation week</td>
<td>Teaching 6</td>
<td></td>
<td>Teaching 6</td>
</tr>
<tr>
<td>07/11/16</td>
<td>P6</td>
<td>Week 1 clinical</td>
<td>Study week 7</td>
<td>Study week 7</td>
</tr>
<tr>
<td>14/11/16</td>
<td>Week 2 clinical</td>
<td>Teaching 8</td>
<td></td>
<td>Teaching 8</td>
</tr>
<tr>
<td>21/11/16</td>
<td>Week 3 clinical</td>
<td>Teaching 9</td>
<td></td>
<td>Teaching 9</td>
</tr>
<tr>
<td>28/11/16</td>
<td>Week 4 clinical</td>
<td>Teaching 10</td>
<td></td>
<td>Teaching 10</td>
</tr>
<tr>
<td>05/12/16</td>
<td>Week 5 clinical</td>
<td>Teaching 11</td>
<td></td>
<td>Teaching 11</td>
</tr>
<tr>
<td>12/12/16</td>
<td>Week 6 clinical</td>
<td>Teaching 12</td>
<td></td>
<td>Teaching 12</td>
</tr>
<tr>
<td>Christmas</td>
<td>19/12/16</td>
<td>Christmas Period</td>
<td>Christmas Period</td>
<td>Christmas Period</td>
</tr>
<tr>
<td></td>
<td>26/12/16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>04/01/16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEMESTER 2</td>
<td>09/01/17</td>
<td>P2</td>
<td>No Teaching</td>
<td>Week 1 clinical</td>
</tr>
<tr>
<td>16/01/17</td>
<td>Teaching 1</td>
<td>Week 2 clinical</td>
<td>Teaching 1</td>
<td></td>
</tr>
<tr>
<td>23/01/17</td>
<td>Teaching 2</td>
<td>Week 3 clinical</td>
<td>Teaching 2</td>
<td></td>
</tr>
<tr>
<td>30/02/17</td>
<td>Teaching 3</td>
<td>Week 4 clinical</td>
<td>Teaching 3</td>
<td></td>
</tr>
<tr>
<td>06/02/17</td>
<td>Teaching 4</td>
<td>Week 5 clinical</td>
<td>Teaching 4</td>
<td></td>
</tr>
<tr>
<td>13/02/17</td>
<td>Teaching 5</td>
<td>Week 6 clinical</td>
<td>Teaching 5</td>
<td></td>
</tr>
<tr>
<td>20/02/17</td>
<td>Teaching 6</td>
<td>Teaching</td>
<td>Teaching 6</td>
<td></td>
</tr>
<tr>
<td>27/02/17</td>
<td>P3</td>
<td>Study week 7</td>
<td>Teaching /Preparation for placement</td>
<td>Study week 7</td>
</tr>
<tr>
<td>06/03/17</td>
<td>Teaching 8</td>
<td>Week 1 clinical</td>
<td>Teaching 8</td>
<td></td>
</tr>
<tr>
<td>13/03/17</td>
<td>Teaching 9</td>
<td>Week 2 clinical</td>
<td>Teaching 9</td>
<td></td>
</tr>
<tr>
<td>20/03/17</td>
<td>Teaching 10</td>
<td>Week 3 clinical</td>
<td>Teaching 10</td>
<td></td>
</tr>
<tr>
<td>27/03/17</td>
<td>Teaching 11</td>
<td>Week 4 clinical</td>
<td>Teaching 11</td>
<td></td>
</tr>
<tr>
<td>03/04/17</td>
<td>Teaching 12</td>
<td>Week 5 clinical</td>
<td>Teaching 12</td>
<td></td>
</tr>
<tr>
<td>10/04/17</td>
<td>Revision</td>
<td>Revision</td>
<td>Revision</td>
<td></td>
</tr>
<tr>
<td>17/04/17</td>
<td>Revision</td>
<td>Revision</td>
<td>Revision</td>
<td></td>
</tr>
<tr>
<td>24/04/17</td>
<td>Revision</td>
<td>Revision</td>
<td>Revision</td>
<td></td>
</tr>
<tr>
<td>01/05/17</td>
<td>Exams</td>
<td>Exams</td>
<td>Exams</td>
<td></td>
</tr>
<tr>
<td>08/05/17</td>
<td>Exams</td>
<td>Exams</td>
<td>Exams</td>
<td></td>
</tr>
<tr>
<td>15/05/17</td>
<td>P1</td>
<td>Exams</td>
<td>Week 1 clinical</td>
<td></td>
</tr>
<tr>
<td>22/05/17</td>
<td>Exams</td>
<td>Exams</td>
<td>Week 2 clinical</td>
<td></td>
</tr>
<tr>
<td>29/05/17</td>
<td></td>
<td></td>
<td>Week 3 clinical</td>
<td></td>
</tr>
<tr>
<td>04/06/17</td>
<td></td>
<td></td>
<td>Week 4 clinical</td>
<td></td>
</tr>
<tr>
<td>12/06/17</td>
<td></td>
<td></td>
<td>Week 5 clinical</td>
<td></td>
</tr>
<tr>
<td>19/06/17</td>
<td>P4</td>
<td>Week 1 clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26/06/17</td>
<td>Week 2 clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/07/17</td>
<td>Week 3 clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/07/17</td>
<td>Week 4 clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17/07/17 - 11 or 18/09/16</td>
<td>Summer break</td>
<td>Summer break</td>
<td>Summer break</td>
<td></td>
</tr>
</tbody>
</table>

*NB Dates for the 2nd & 3rd year placements are provisional dates based on last year’s exam schedule. Final exam dates are generally not available until the end of March 2017 from the TCD exam office.*
Appendix IV: Practice Education Learning Outcomes

Practice Education I

Module Co-ordinator: Lucy Alpine (Practice Education Co-ordinator).

Lecturers: The Practice Education Team composed of TCD Practice Tutors and Regional Placement Facilitators.

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

Contact hours
34 hours lectures and practical skills classes
162.5 hours clinical placement (Clinical Placement 1)

Aim

The aim of this module is to introduce students to the practice education component of the course. It will explore issue relating to professional practice in the clinical setting and prepare students to undertake their first clinical placement. 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:

- The structure of clinical placement and the practice education process including the assessment of clinical practice.
- Planning and formulating SMART learning outcomes for clinical placement.
- Reflective Practice and how to use The Undergraduate Learning portfolio for reflection.
- TCD website: Practice Education section
- Database collection and S.O.A.P. note writing
- Introduction to respiratory, musculoskeletal, neurological paediatric and orthopaedic assessment
- Cultural differences in the clinical setting
- Health issues and infection control on clinical placement
- Introduction to the roles of the multidisciplinary team
- Introduction to basic conflict management in the clinical setting
- Understanding the health services: an overview of the HSE and the National Health Strategy
- Five week clinical placement. The first week will be a preparatory 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 Educator, Practice Tutor or Regional Placement Facilitator.

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
Feedback forms are completed after completing the clinical placement. The CAPSL feedback survey is completed every 2-3 years.
Practice Education II

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
384 hours clinical placement (Clinical Placement 2 & 3)

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 and/or orthopaedics, respiratory, neurology and/or care of the elderly and paediatrics
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 Tutor or Regional Placement Facilitator. It involves mainly patient contact and may include clinical tutorials, interprofessional 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**
Feedback forms are completed after completing the clinical placement. The CAPSL feedback survey is completed every 2-3 years.
Practice Education III

**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**
512 hours clinical placement (Clinical Placement 4, 5 & 6)

**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 and/or orthopaedics, respiratory, neurology and/or care of the elderly and paediatrics 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 or assessing and treating a patient in the clinical setting. It takes place during placement 5 or 6 of 4th year. A member of the staff involved in student education (Lecturer, Practice Education Co-ordinator, Practice Tutor, Regional Placement Facilitator) 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

Feedback forms are completed after completing clinical placement. The CAPSL feedback survey is completed every 2-3 years.
Appendix V: 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 rx and documenting same
   f. Confidentiality
   g. Keep student area tidy
   h. Site specific code of behaviour document
   i. Jewellery
12. Infection control
   a. Hand washing between pts
   b. Clean stethoscope between pts
   c. Blood / body fluids: universal precautions
   d. Eyes; goggles for suction / coughing
   e. Checking MRSA status
   f. Cleaning equipment after use
13. Photocopying in services / books
14. Accident/incident reporting immediately to senior
15. In-services – each rotation schedules them at different times
16. Statistics – how to keep daily statistics
17. Practice Tutor cover
18. Health and safety
19. Case presentations – time and date
20. Appraisal
21. Learning objectives - when to compile? With who?
22. Orientation tour of Department/Hospital
Appendix VI: 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 VII: 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>1st Class Honours</td>
<td>70 or &gt;</td>
<td>Exceptional patients 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>2nd Class Honours Grade I</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>2nd Class Honours Grade II</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>3rd Class Honours</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>Fail</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>
<tr>
<td>Class</td>
<td>Mark Range</td>
<td>Criteria</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<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></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>Range</td>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<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>
<td></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>COMPREHENSIVE 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 Policy and Procedures 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 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 Tutor (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 Practice Tutor (PT) or Practice Educator (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.
Appendix X: Vaccination Screening Requirements for Discipline of Physiotherapy.

Dear Applicant to Physiotherapy,

The Discipline of Physiotherapy, TCD requests all students on the Physiotherapy degree course (including international, mature and advanced entrants students) to provide evidence of absence of infection for the following diseases before commencing the BSc Physiotherapy Programme;

1) Hepatitis B
2) Hepatitis C
3) Pulmonary Tuberculosis
4) Chickenpox
5) Measles
6) Mumps
7) Rubella

CAO applicants will not be able to register for the course unless these requirements have been met. The Discipline of Physiotherapy has arranged with the Trinity College Health Service for all CAO applicants to the Physiotherapy degree course to attend for infectious diseases screening. Alternatively students may arrange screening through their own GP.

Screening by Trinity College Health Service Clinics will be run at the following times: (*Appointment must be booked by phone (01) 896 1556/1591)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/08/16 or</td>
<td>30/08/16 or</td>
<td>31/08/16 or</td>
<td>01/09/16 or</td>
<td>02/09/16 or</td>
</tr>
<tr>
<td>05/09/16</td>
<td>06/09/16</td>
<td>07/09/16</td>
<td>08/09/16</td>
<td>09/09/16</td>
</tr>
</tbody>
</table>

09 00 – 12 00 09 00 – 12 00 09 00 – 12 00 09 00 – 12 00 09 00 – 12 00

ALL COSTS MUST BE MET BY THE STUDENT.
RECEIPT OF PAYMENT MUST BE RETAINED AS PROOF OF PAYMENT.

APPOINTMENTS MAY BE NEED TO BE SCHEDULED OVER A NUMBER OF DATES.

The Trinity College Health Service will charge each student €200 for the following service;

- Blood sample(s) required for screening.
- Transportation and retrieval from blood laboratory.
- All necessary follow-up vaccinations, to include full MMR and Mantoux testing, where necessary for Tuberculosis & all other tests if required for infectious diseases listed.
- Result/record interpretation.
- The Trinity College Health Service will liaise with the Discipline of Physiotherapy regarding results.
- Cost for Varicella (chicken pox) vaccine will be an additional @ €70.00 per injection should this be necessary.
- This testing will by appointment only with a nurse. Students should telephone the Trinity College Health at 01 8961556/1591 stating that they require pre reg blood tests.
- Payment can be made by cash, cheque (made payable to College Health Service, TCD) or by credit/debit card.

For students attending their own GP please follow the instructions outlined in the accompanying pages carefully. Warning: due to time constraints, as processing of blood results may take some time, visiting your own GP may result in delayed registration.

NB IF YOUR GP COMPLETES YOUR VACCINATION SCREENING YOUR BLOOD RESULTS AND THE IMMUNITY DECLARATION FORM (PAGES 9 -12) MUST BE RETURNED TO THE PRACTICE EDUCATION CO-ORDINATOR IN THE DISCIPLINE OF PHYSIOTHERAPY BEFORE YOU WILL BE CLEARED TO REGISTER.
Contents

• Introduction

• How can I meet the vaccinations requirements?

• Student consent letter

• Student immunisation record

• Immunity Declaration Status Form confirming immunity status

• Student checklist
Introduction

Precautions against infectious diseases are governed by Blood Borne Viruses (BBV) regulations which have been agreed by the Medical Schools of Ireland and represent the consensus view of the Council of Deans of Faculties of Medical Schools in Ireland.

With regard to the transmission of infectious diseases, the Discipline of Physiotherapy TCD strikes a balance between our pastoral responsibility to individual students applying for entry and our overriding duty of care to the public with whom physiotherapy students are in close contact. In this context, the Discipline is obliged to ensure that reasonable and appropriate measures are taken not only to safeguard the students and their colleagues, but also the patients and members of the public.

All health care professionals have a duty of care to the public. In the interests of reducing the risk of the transmission of infectious diseases from patients to students, or student to patient, all new entrants must attend their regular medical practitioner or the Trinity College Health Service prior to registration to certify their vaccination status or immunity to tuberculosis, measles, mumps, rubella and chickenpox. In addition, students must produce evidence of their Hepatitis B and C status and where appropriate confirmation that they do not have active disease. Students who are Hepatitis B negative but not already deemed to be immune to Hepatitis B will be required to undergo a course of vaccination. Influenza occurs seasonally and students are advised to obtain a flu vaccination where possible.

Please read and if necessary give your GP/Medical Practitioner the information on pages 5 & 6 of this document.

HOW CAN I MEET THE VACCINATION REQUIREMENTS?

1) Hepatitis B (Core & Surface) and 2) Hepatitis C

Students must return satisfactory proof that they are not currently infected with Hepatitis B or C. Students must provide results for both Hep B core and Hep B
surface – there are no exceptions to this and all students whom do not provide these results will have their documentation returned to them and will be delayed in their registration. If a positive Hepatitis C antibody test is returned a negative PCR test for Hepatitis C RNA will be required. Only results from a blood sample taken in the last 6 months are acceptable.

Hepatitis B Vaccination

During the first year of study and before commencing clinical contact with patients, students will be requested to undergo Hepatitis B vaccination. The course of vaccination is offered by the Discipline of Physiotherapy and consists of three injections. Students will be required to ensure a record sheet for each Hep B injection is recorded and stamped at each vaccination visit. Forms will be provided by the Discipline of Physiotherapy. Students will hold this record and provide it as evidence of vaccination for clinical sites as requested.

When the course of vaccinations are completed a blood titre level needs to be checked to ensure appropriate levels of immunity have been achieved. Depending on the results of the titre, students may be required to complete a booster series of vaccinations. All costs must be met by the student.

2) Pulmonary Tuberculosis

If you have been vaccinated for TB, you will have a ‘BCG’ scar which the Trinity College Health Service or your GP will record. If you do not have a visible scar the Trinity College Health Service or your GP will facilitate a Mantoux test (enquire with your GP/Medical Practitioner). If you have difficulty obtaining a Mantoux test or your result is positive then please return a Chest X Ray for review by Trinity College Health or your GP.

3) Chickenpox 4) Measles 5) Mumps and 6) Rubella

A record of your vaccination history to date regarding Chickenpox, Measles, Mumps and Rubella is required. A GP/Medical Practitioner must certify that you have immunity to Chickenpox, Measles, Mumps and Rubella. A blood test is required to confirm this. The Discipline of Physiotherapy may request that you attend the Trinity College Health Service to undergo vaccination for Chickenpox, Measles, Mumps and
Rubella if necessary. All costs must be met by the student. *Only test results from blood samples taken in the six months prior to registration are acceptable.

Blood Laboratory Form/Student Consent
Please sign the ‘Blood Laboratory/Student Consent’ form to allow results to be returned to the Trinity College Health Service or your GP for review (page 8).

STUDENT ATTENDING TRINITY COLLEGE HEALTH SERVICE FOR SCREENING SHOULD PRINT THE FORM PAGES 8-12 AND BRING THEM TO THEIR APPOINTMENT.

WARNING: INCOMPLETE DOCUMENTATION WILL NOT BE ACCEPTED AND STUDENTS WILL NOT BE PERMITTED TO REGISTER. THIS WILL RESULT IN NO ACCESS A STUDENT CARD OR USE OF THE LIBRARY AND NO ACCESS TO GET CONNECTED TO CAMPUS WI-FI.

Dear Doctor,

The Discipline of Physiotherapy Trinity College Dublin would be most grateful if you would screen your patient for the items listed below. Students who do not have these details submitted to the Discipline will not be permitted to register, access a student card, use the library or get connected to campus Wi-Fi.

1) Hepatitis B’s Antigen (HbsAG)

2) Anti HB Core Antigen (Anti-HBc)
* Applications without both results will not be accepted, delaying the student’s registration. Hep B Core and Hep B Surface results are mandatory and strictly required.

3) Negative Hepatitis C antibody test.

4) Complete the immunisation record (provided by your patient) and if necessary screen for Pulmonary Tuberculosis, Chickenpox, Measles, Mumps and Rubella.

In regard to Pulmonary Tuberculosis, please record if the student has a visible BCG-Scar. If not, the student must undergo a Mantoux Test. If a Mantoux test is not possible or the result is found to be positive, a Chest X Ray will be required. If the patient has not been vaccinated against Chickenpox, Measles, Mumps and Rubella please also screen your patient for previous exposure to each of these infections.
Please complete and return 1) **Student Immunisation Records (pages 9 – 11)** and complete, sign and stamp 2) **Immunity Declaration Form (page 12)**. Please return these forms to your patient.

**Students must then return these forms to:** Lucy Alpine, Practice Education Coordinator (PEC), Trinity Centre for Health Sciences, St. James’s Hospital, James’s Street, Dublin 8. If you require any clarification re specific vaccination screening tests please ring College Health Service (01) 8961556/1591

**NB** On receipt of your fully completed documents the Practice Education Coordinator will clear you for registration on the TCD system. Incomplete forms cannot be processed. Please contact Lucy Alpine if you have any queries relating to this process (01) 896 3173.

Thank you for your co-operation in this matter.
BLOOD LABORATORY FORM/STUDENT CONSENT

TO THE STUDENT:

<table>
<thead>
<tr>
<th>Students’ Name: (Surname)</th>
<th>(First Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Number</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td>Contact Phone/Mobile Number:</td>
</tr>
<tr>
<td></td>
<td>Email-address:</td>
</tr>
<tr>
<td>Date of Birth : Day</td>
<td>Month</td>
</tr>
<tr>
<td>_________________________</td>
<td>__________</td>
</tr>
</tbody>
</table>

(specify name and address)

I hereby consent to all my blood results being sent to the Trinity College Health Services or my GP. I also consent to information relating to my vaccinations levels and/or copies of my vaccination results being sent to and held by the Discipline of Physiotherapy.

Print Name:_________________________   (Prospective Student)
Signed:_____________________________   (Prospective Student)
Date:_______________________________
STUDENT IMMUNISATION RECORD

Please ask your GP/Medical Practitioner to complete this medical form for you. All parts must be completed in full.

Please complete this form using BLOCK CAPITALS only.

<table>
<thead>
<tr>
<th>Students Name: (Surname) (First Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Number</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Contact Number:</td>
</tr>
<tr>
<td>Email-address:</td>
</tr>
<tr>
<td>Date of Birth : Day       Month    Year</td>
</tr>
</tbody>
</table>

Hepatitis C Status - Documentation required:

<table>
<thead>
<tr>
<th>Hepatitis C antibody test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
Proof of Immunity to Tuberculosis:

<table>
<thead>
<tr>
<th>BCG SCAR</th>
<th>Present? Y/N</th>
</tr>
</thead>
</table>

If you do not have a BCG-Scar, please undergo a Mantoux Test

**MANTOUX TUBERCULIN SKIN TEST:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Result:</th>
</tr>
</thead>
</table>

If positive Mantoux Tuberculin skin test but no history of BCG, undergo a CHEST X RAY:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Result:</th>
</tr>
</thead>
</table>

Hepatitis B Status – Documentation, including lab reports & results, required

**Hepatitis B s Antigen (HBsAG)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Result:</th>
</tr>
</thead>
</table>

**Anti HB Core Antigen (Anti-HBc)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Result:</th>
</tr>
</thead>
</table>

**Hepatitis B Vaccine (if previously administered - three doses required)**

<table>
<thead>
<tr>
<th>Dose</th>
<th>Day</th>
<th>Month</th>
<th>Year</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>
</tbody>
</table>

If Immune proof of HBsAB

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Result</th>
</tr>
</thead>
</table>

I/u
Immunity to Measles, Mumps and Rubella:

If you have had any MMR vaccinations before, please state the dates below.

1. Measles Vaccine:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Titre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Measles Vaccine:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Titre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Mumps Vaccine:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Titre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Mumps Vaccine:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Titre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Rubella Vaccine:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Titre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Rubella Vaccine:

<table>
<thead>
<tr>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Titre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there a history of Chicken pox? ______
Titre Level __________ (This must be provided)
IMMUNITY DECLARATION FORM

To the Discipline of Physiotherapy,

Student Name: ____________________________________________

Student Number: __________________________________________

Contact Phone Number: ______________________________________

Contact email: _____________________________________________

Date: _____________________________________________________

I hereby confirm satisfactory immunity levels/blood results to the infectious diseases outlined below have been provided for the above student.

Please tick the following boxes as appropriate.

Hep B (HBsAG & (Anti-HBc) negative ☐
Hep C negative ☐
Measles immunity levels within normal range ☐
Mumps immunity levels within normal range ☐
Rubella immunity levels within normal range ☐
Varicella Zoster virus immunity within normal range ☐
Evidence of immunity to Tuberculous satisfactory ☐

Doctors Name: (Block Capitals Only) ____________________________
Address: ____________________________________________________

Doctor’s signature: ____________________________________________
Date: _______________________________________________________

GP Contact Number: _________________________________________

DOCUMENTATION WILL NOT BE ACCEPTED WITHOUT STAMP.
STUDENT CHECK LIST

To Do

- Make an appointment with the Trinity College Health Service at the clinical times provided (page 1) or arrange appointment with own GP, immediately after receiving this documentation (blood tests can take 10-14 day or longer to obtain).

- Complete and sign the ‘Blood Lab/Student Consent’ form and give to Trinity College Health Service or your GP. If using GP services you also give GP explanatory letter regarding blood testing.

- Ensure your 1) Student Immunisation Record and 2) Immunity Declaration Form are fully completed, signed and stamped by Trinity College Health Services or your GP. Please ensure you have your contact number on the Immunity Declaration Form.

- Return the forms to Lucy Alpine, Practice Education Co-ordinator by mid-September. When forms are reviewed and all results are provided as requested you will be cleared on the TCD system to proceed with registration.

If you are screened by your GP it is YOUR responsibility to make sure the above mentioned documents are sent to the Discipline of Physiotherapy. Neither your GP nor the hospital is in charge of this. Blood results MUST be returned to your GP and he/she must determine if you have immunity to the listed infectious diseases.

Practice Education Co-ordinator
Discipline of Physiotherapy
Trinity Centre for Health Sciences
St James’s Hospital
James’s Street
Dublin 2
(01) 896 3173