UCD School of Public Health, Physiotherapy & Sports Science

Clinical Placement Assessment Form
LEVEL 1 - Modified

Student Name:	
Programme: (BSc/Prof Masters)	

Name of Clinical Site:			
Clinical Specialty/Specialties:			
Dates of Placement:			
No. of Days Absent:			
Name of Practice Tutor:		CORU Registration No.	
Name of Practice Educator:		CORU Registration No.	
Name of Visiting Academic Staff:		Date of visit:	

Section	**Grade**
Patient Assessment	
Patient Treatment / Management	
Professionalism	
Documentation	
Communication	
Final Grade	

Please ensure that this form is completed and signed by educator / tutor and student.
The student must

- **upload pages 1&2** to their placement profile on SISweb in the presence of their tutor/educator on final day of placement.
- **return a hard copy of the full CAF** to UCD within one week of the end of placement.

Address: Physiotherapy Admin Office, Room A302, UCD School of Public Health, Physiotherapy and Sports Science, Health Sciences Centre, Belfield, Dublin 4

Comments of Student

I confirm that I have received feedback during this placement

Signature: **Date:**

Final comments of Practice Educator / Practice Tutor

Areas of STRENGTH:

Areas for DEVELOPMENT:

Signature: **Date:**

Student Name	

Record of Clinical Hours

Clinical Area	Clinical hours completed
Cardiorespiratory	
Neurology / Rehabilitation	
Musculoskeletal	
Overall Total Placement hours	

Age Category (please estimate hours)	Hours
Paediatric (0-17)	
Adults (18-64)	
Elderly (65+)	

Clinical Setting and Speciality

Clinical Setting	(Please tick)
Acute setting	
Primary, Community, Continuing Care settings Includes Primary Care, Private Practice, Community Hospitals	

Speciality If applicable, please circle below (you may circle more than one)					
Palliative Care	Intellectual Disability	Women's Health	Weight Management	Amputee Rehabilitation	Inpatient MSK / Ortho
Rheumatology	Spinal Injuries	Haematology / Oncology	Health Promotion	Frailty / Care of Older Person	OPD MSK / Ortho

I confirm that this is an accurate record of clinical hours completed:

_____ **(Practice Tutor/Educator Signature)**

_____ **(Student Signature)**

_____ **(Date)**

GUIDELINES FOR COMPLETING THE CLINICAL PLACEMENT ASSESSMENT FORM

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

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

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

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

For observation placement, a **pass/fail grade** is awarded at end of placement.

Part 2 has no grade, but the student's performance must normally be satisfactory in order to pass the placement. Failure in part 2 should normally be preceded by a formal warning, which should be documented on the assessment form and discussed with the student following the specific incident(s).

A record of clinical hours is also included. The university is required to ensure that all students have completed 1000 hours of clinical work. The student will complete the record but please monitor and sign that the record is accurate and includes ALL clinical areas and age groups. This is important for the student's transcript.

Patient Assessment

LEARNING OUTCOME By the end of this placement the student will:	BEHAVIOURS LEVEL ONE	Pass/Fail or N/A
1. Demonstrate appropriate background knowledge	a. Answers basic questions from educator/tutor on core clinical knowledge and skills. b. **With guidance** justifies assessment with reference to core information presented in lectures and background reading.	
2. Retrieve relevant information from available sources	**With guidance:** a. Selects relevant information from available sources prior to initiation of assessment. b. Integrates this information into the subsequent assessment.	
3. Perform assessment safely	a. Identifies and clears hazards in environment prior to and during assessment. b. Maintains appropriately close proximity to patients during assessment. c. Monitors patient response to assessment and modifies/discontinues assessment where patient safety is at risk.	

Treatment/Management

LEARNING OUTCOME By the end of this placement the student will:	BEHAVIOURS LEVEL ONE	Pass/Fail or N/A
1. Educate patient appropriately	**With guidance:** a. Teaches aspects of management and care to patients in an effective manner. b. Writes down instructions e.g. HEPs for patients. c. Checks to see that the patient has understood. d. Teaches patients the safe use of selected aids and equipment e.g. wheelchairs and walking aids.	
2. Demonstrate appropriate manual handling skills for self and patient during treatment	a. Demonstrates appropriate manual handling skills and assists with manual handling tasks. b. Positions self optimally when treating patients. c. Demonstrates safety in the use of equipment under supervision	
3. Implement safe practice during treatment	a. Checks contraindications prior to treatment. b. Checks equipment conforms to patient's needs. c. Ensures a safe environment during and after treatment. d. Always gives standard warnings to patients about treatments. e. Carries out standard checks on patients after treatment. f. Consults with seniors and other staff before taking new or unfamiliar action in the clinical situation. g. Acts and advises only within scope of practice.	

Professionalism

LEARNING OUTCOME By the end of this placement the student will:	BEHAVIOURS LEVEL ONE	Pass/Fail or N/A
1. Demonstrate adequate preparation for placement	a. Shows evidence of pre-placement reading and ongoing placement preparation. b. Has basic knowledge of main conditions encountered on placement.	
2. Identify their own learning needs	a. **With guidance** can identify learning needs and areas for self improvement.	
3. Set learning outcomes for the placement	a. **With guidance** sets SMART learning outcomes relevant to the placement location and reviews progress and reflects on same.	
4. Demonstrate initiative and willingness to learn	a. Shows active interest through appropriate questioning. b. Uses available opportunities for practice/learning.	
5. Act on and accept guidance and/or feedback	a. Modifies practice according to feedback. b. Demonstrates an appropriate professional response to feedback.	
6. Demonstrate an awareness of their own limitations and seek help where necessary	a. Reports all findings to supervising clinician. b. Discusses treatments and progression with supervisor prior to implementation.	
7. Maintain patient confidentiality	a. Complies with best practice in this area. b. Does not remove patient notes from the placement site. c. Does not have any identifying features on personal notes or reflections on patients.	
8. Recognise the role of the physiotherapist in the multidisciplinary team	a. Shows an awareness of organisational structure in the workplace. b. Observes other members of MDT input in patient care, where appropriate c. Identifies the physiotherapists' role in the multidisciplinary team.	
9. Demonstrate appropriate professional behaviours and attitudes	a. Dresses professionally according to local policy. b. Is punctual for clinical duties and appointments. c. Completes delegated tasks fully and properly. d. With guidance uses initiative in dealing with difficult situations.	

Documentation

LEARNING OUTCOMES By the end of the placement the student will:	BEHAVIOURS LEVEL ONE	Pass/Fail or N/A
1. Document a comprehensive and appropriate database	a. Follows a systematic approach to writing the database. b. Includes all components of a database relevant to the patient.	
2. Accurately record the assessment findings showing evidence of clinical reasoning	**With Guidance** a. Includes all relevant subjective findings. b. Includes all relevant objective findings. c. Records information in a logical manner. d. Documents analysis of assessment and treatment	
3. Record clear, concise, legible notes that have appropriate use of abbreviations	**With Guidance** a. Writes concise and legible records. b. Uses appropriate terminology/abbreviations.	
4. Adhere to legal requirements and local guidelines regarding documentation/signature	**With Guidance** a. Adheres to all national legal requirements. b. Completes and signs all documentation as per local guidelines. c. Ensures notes are countersigned by educator. d. Follows all local guidelines relating to storage of documentation.	

Communication

LEARNING OUTCOME By the end of this placement the student will:	BEHAVIOURS LEVEL ONE	Pass/Fail or N/A
1. Communicate effectively with the patient	a. Demonstrates an appropriate level of confidence in approaching patients and establishes a rapport with patients. b. Is aware of and demonstrates appropriate verbal and non-verbal skills and listening skills in interactions with patients. c. Explains the basic aspects of management and care to patient. d. Respects the rights, dignity and individuality of the patient.	
2. Communicate effectively with physiotherapy colleagues	a. Demonstrates regular and timely communication with practice educator and physiotherapy colleagues. b. Participates in and/ or initiates appropriate dialogue with practice educator and physiotherapy colleagues.	
3. Demonstrate appropriate presentation skills	a. Gives talks/ case presentations to colleagues and other professionals. b. Speaks audibly and clearly. c. Shows evidence of preparation for presentations. d. Attempts to answer questions on the topic	

PART 2

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

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

SAFETY **Pass** ☐ **Fail** ☐

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

Record of warnings given:
Any entries should be dated and signed by both the student and the Practice Tutor or Practice Educator

PROFESSIONAL BEHAVIOUR **Pass** ☐ **Fail** ☐

Students should follow the Rules/Code of Professional Conduct of the Irish Society of Chartered Physiotherapists / CORU.
https://coru.ie/files-codes-of-conduct/prb-code-of-professional-conduct-and-ethics-for-physiotherapists.pdf

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

Record of warnings given:
Any entries should be dated and signed by both the student and the Practice Tutor or Practice Educator
