

**MSc Health through  
Occupation/PG Dip in  
Occupational Therapy**

**PROFESSIONAL PRACTICE  
PLACEMENT EDUCATION  
HANDBOOK**

**2009/2010**



## Faculty of Health

Dean of Faculty David Taylor

## School of Health Professions

Head of School Lynne Caladine

## Occupational Therapy Course Team

Head of Occupational Therapy Gaynor Sadlo 01273 643654  
[G.Sadlo@bton.ac.uk](mailto:G.Sadlo@bton.ac.uk)

Course Leader Jon Wright 01273 643877  
[jw122@bton.ac.uk](mailto:jw122@bton.ac.uk)

Placement Tutor Tracy Szekely 01273 643947  
[t.szekely@bton.ac.uk](mailto:t.szekely@bton.ac.uk)

Senior Lecturer Marion Martin 01273 643675  
[M.Martin@bton.ac.uk](mailto:M.Martin@bton.ac.uk)

Senior Lecturer Tania Wiseman 01273 643646  
[T.J.Wiseman@brighton.ac.uk](mailto:T.J.Wiseman@brighton.ac.uk)

Senior Lecturer Heidi Von Kurthy 01273 644111  
[H.vonkurthy@bton.ac.uk](mailto:H.vonkurthy@bton.ac.uk)

Senior Lecturer Linda Lovelock 01273 643874  
[L.Lovelock@bton.ac.uk](mailto:L.Lovelock@bton.ac.uk)

Senior Lecturer Sue Wheatley 01273 643953  
[S.E.Wheatley@bton.ac.uk](mailto:S.E.Wheatley@bton.ac.uk)

Senior Lecturer Josh Cameron 01273 643648  
[j.cameron@bton.ac.uk](mailto:j.cameron@bton.ac.uk)

Senior Lecturer Lorna Couldrick 01273 642969  
[L.Couldrick@brighton.ac.uk](mailto:L.Couldrick@brighton.ac.uk)

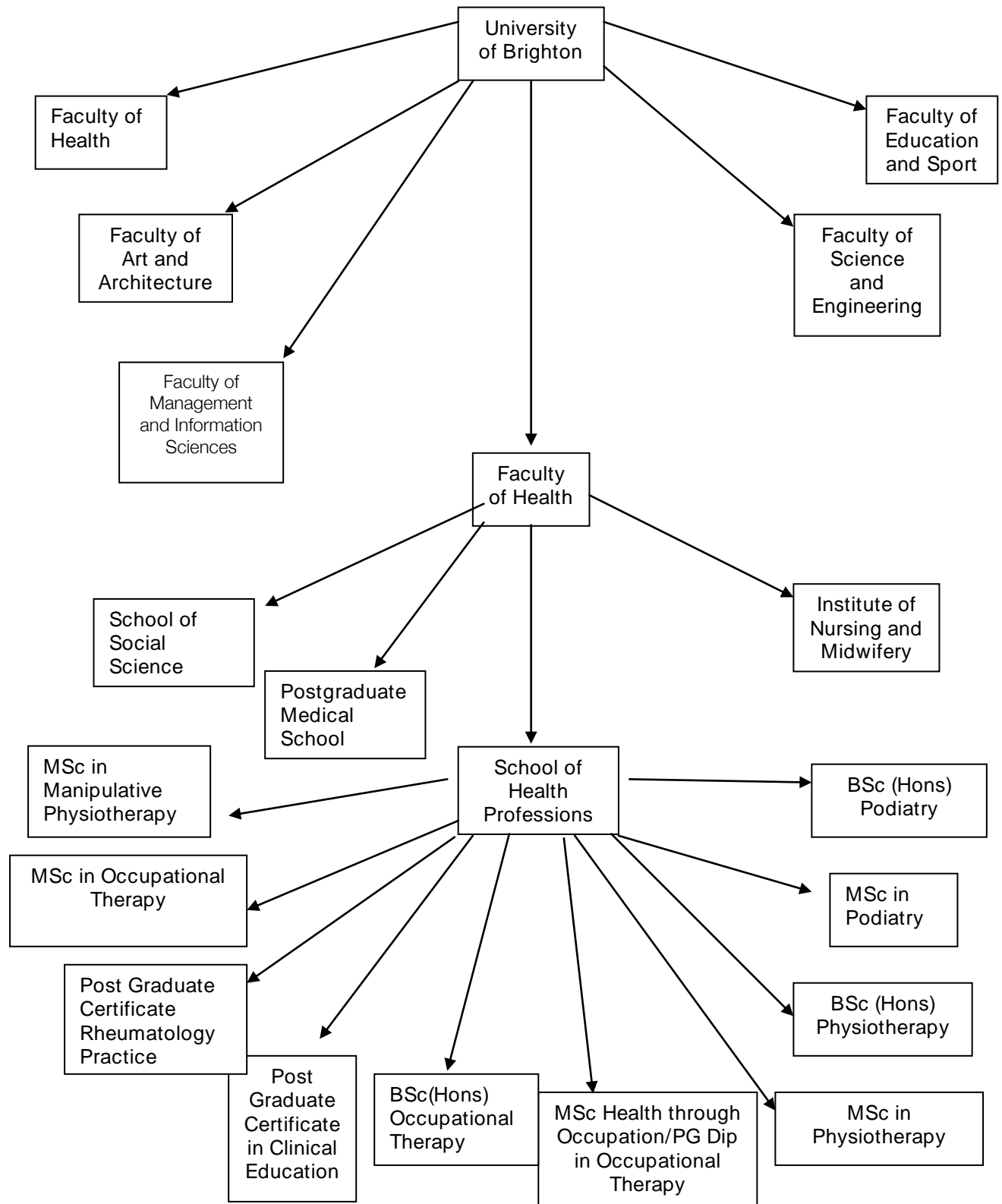
Senior Lecturer Channine Clarke 01273 643771  
[cc121@brighton.ac.uk](mailto:cc121@brighton.ac.uk)

Senior Lecturer David Haines 01273 643953  
[d.haines@bton.ac.uk](mailto:d.haines@bton.ac.uk)

Senior Lecturer Lee Price 01273 643656  
[L.R.Price@brighton.ac.uk](mailto:L.R.Price@brighton.ac.uk)

Figure 1: Setting of the Faculty of Health within the University of Brighton

**The place of the MSc in Health Through Occupation/PG Dip in Occupational**



**Useful Links:**

<http://staffcentral.brighton.ac.uk/placements/>

<http://www.brighton.ac.uk/equality/>

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# SECTION 1

## INTRODUCTION TO THE COURSE

## **1 Introduction to the Course**

### **1.1 The University of Brighton**

The University of Brighton is a modern, democratic institution whose academic and vocational traditions have their roots in the mid-nineteenth century. The campuses at Brighton and Eastbourne combine to offer courses of acknowledged quality in engineering, science, mathematics, architecture, art and design, computing, business and management, teacher education, health, social sciences and humanities. The University has one of the best graduate employment records in the country, and maintains links with more than forty professional bodies. In 2000 Brighton was designated 'University of the Year' by the Times Education Supplement.

The School of Health Professions, situated in Eastbourne, is comprised of the divisions of Physiotherapy, Podiatry and Occupational Therapy, and offers a portfolio of pre- and post-registration courses. The Occupational Therapy section was developed to meet the needs of the local community. It has a mission to become a centre of excellence for Occupational Therapy in the area through being a source for mature, confident and reflective Occupational Therapists, by supporting qualified therapists in their continuing professional development needs, and by developing the theoretical and evidence base of the profession through funded research.

### **1.2 The MSc in Health through Occupation / PGDip in Occupational Therapy**

This two year full time accelerated programme in Occupational Therapy for graduates was firstly validated in May 1994 by the University of Brighton, the College of Occupational Therapists and the Council for Professions Supplementary to Medicine as a Postgraduate Diploma. In April 2000 it was validated as a Masters of Science in Health through Occupation with an exit route as a Postgraduate Diploma in Occupational Therapy if Module 13, the research project is not completed. Both qualifications lead to eligibility for registration to practice in occupational therapy. The annual intake has been 30-35 students, and the new course is validated to take up to 40 students a year.

The programme was promoted by South Thames Regional Health Authority, as commissioners of occupational therapy education, to meet local needs, in consultation with the University of Brighton. The two-year schedule was designed to complement existing occupational therapy courses within the region which include traditional three years and four-year part-time educational programmes for support staff, both of which lead to BSc Honours degrees in Occupational Therapy. The School maintains close collaboration with the Sussex Educational Consortium, which finances all the fees, apart from those of overseas students.

All students have a first degree in a relevant of subject with classification of 2.2 or above, and have experience of health or social care work environments. In addition, the interview process is designed to select applicants who have good communication skills and enjoy working in collaboration with others. Those selected undertake an accelerated course of 45 weeks per year for two years. The extended academic year allows for the same amount of weeks to be devoted to the study of occupational therapy as any other validated occupational therapy programme. However, educational strategies have been incorporated which encourage students to reflect on their learning both clinically and academically in order to expedite theory/practice integration. A modified version of a particular educational strategy, problem based learning (PBL), was adopted to foster the highest quality of learning for these graduate students.

### 1.3 Course Philosophy

The philosophy of this course has always been, and will continue to be, concerned with reflecting current practice while preparing students for work within changing health and social care environments. The close links with the field are highly valued by the course team and an even closer one is desired, especially through the support of continual professional development for Placement Educators and within the development of collaborative research projects. There is emphasis on Community Care and the delivery of health and social care services within a wide range of contexts and by a diverse spectrum of organisations. The importance of Occupational Therapy in rehabilitation is acknowledged, as is the role that Occupational Therapists can now play in health promotion, following recent scholarship and research. An occupational perspective of health is advocated, where the importance of purposeful engagement in a balanced range of activities is considered vital to human health and well-being within the larger community.

The idea of a collaborative community of learners is adopted within the course team; the life-experience that these mature students bring needs to be activated, and new approaches to problems encouraged. Life-long, self-managed learning is considered paramount for staff and students. The philosophy of Occupational Therapy itself is experienced through the problem-based approach to education: **that an individual's positive engagement in the (learning) activity will lead to advanced productivity, increased perception of self-worth, improved quality of life and enjoyment of the course.** Client-centred practice translates into student-centred teaching. The nature of active participation by the students and the collaborative nature of learning, marries with Occupational Therapy principles to become an even stronger feature of this enhanced course. Sessions are designed deliberately to stimulate deep approaches to learning, which are associated optimal human experience and personal growth. Maximum personal choice in learning topics and assessment is promoted, within the constraints of a curriculum that leads to a qualification to practice.

The centrality of the Professional Practice Placement Education experience is shown by the strategies that link experience with university based study. Alternating campus and Practice Placement studies are intended to maximise conceptual growth, and to assist in the development of professional actions which reflect sound conceptions rather than misconceptions (Margetson,1999), within the limits of current understanding.

#### **Self Directed Learning**

The philosophy of self directed learning recognises that with some guidance, adult learners should be able to take responsibility for their own learning. Indeed the more active they are in determining their own needs and learning goals, the more **effective their learning is likely to be.** **An overall goal is to exercise the student's capacity to think and discover during the process of acquiring knowledge.** The programme is designed to guide, stimulate, and challenge students with the aim of producing professionals who will make a difference in practice.

Although the programme stresses the importance of self-directed learning, it should be noted that this is not a self paced course. Attendance and participation in all programmed activities is required, and students will fail university based modules if attendance is below 80%. In addition, it is necessary to demonstrate by self, peer, and tutor assessment that satisfactory progress has been achieved.

#### **Problem-Based Learning**

PBL is an educational philosophy that was developed more than thirty years ago and is now being adopted globally (Barrows, 1985). It is a form of small-group, interactive, integrated, self-directed learning, which uses the problem-solving involved in real-life situations as the focus of learning. The essence of PBL curricula is that the usual pattern of curricular design is reversed. Real professional problems such as case studies are presented first, *before the theory has been 'learnt'*. The

use of problems in education is of course very common, but normally they are used later, to help integrate and use knowledge during problem-solving tasks.

In PBL problems are given as the starting point for learning. Problems urge learning action and give relevance and meaning to all learning. Problems are also excellent vehicles for integrating subjects, solving the propensity for subjects to be seen in isolation.

#### **1.4 Aims and Learning Outcomes**

The aims of the course marry educational and vocational requirements to prepare competent and ethical occupational therapists who are willing to continue to learn throughout their careers, to ensure the highest standards of service to the community.

#### **1.5 The Curriculum Framework**

The 1994 framework, designed with regard to the current and developing trends in different provider agencies, remains completely compatible with the new College of Occupational Therapy Framework (COT1999), which supports a curriculum around the 4 core aspects of therapeutic process (occupation, service-user, context and therapist). The COT Framework is also very student-led, which relates to the philosophy of this course entirely. **The format of Brighton's intentionally focuses on professional themes rather than on traditional Subjects.** Coherence is achieved through the logical, if simple, framework.

The first year campus studies follow the therapeutic process - assessment, intervention, and evaluation. The second year focuses on components of therapy - the service user, therapists, settings and quality. The Placement modules follow development professional competencies - from novice to competent. The course modules can be found in section 2 of the handbook.

**The therapy process and its core aspects form the 'warp' of the course, while a series of Problems (which integrate subjects) form its 'weft'.** These real life situations pose problems for students, to provide opportunities for integrated, collaborative investigation into and growth of knowledge, understanding, skills and values. They have been identified as prototypical of those faced by beginning practitioners, by educators from the both academic and Professional Practice domains.

#### **1.6 Course Structure**

The course is modular, although all modules are essential, this professional course. They are structured to maximise the integration of theory and practice, a priority for the future work of health professionals (Schon,1985). There are thirteen modules that are not intended as divisions; the aim is for the students to experience **continuous, cumulative 'growing-web' elaboration** of concepts as the process of occupational therapy unfolds before them. Problems are expertly designed to meet each stage of the course. 12 modules are of mostly **8 week duration's with alternate periods of full time campus and Placement education**, as shown in the diagram in section 1.10. In this way students have opportunities to gather practice-based experiences as a stimulus for academic study. The 13th module is the research project, which runs concurrently with the other modules throughout the second year.

The design links subject areas to enable students to use competently and creatively the skills and knowledge gained in one area to establish principles and guidelines in another. Academic and Practice Placement modules provide the overall focus to study and allow for in-depth consideration across a wide range of client care groups and in a number of Placement settings. The modules are not intended to ring fence any area of study, however; for instance, when the theme is assessment, other stages of the therapeutic process are considered too, but in less depth.

Integration within this course design is real. It exists between campus and Professional Practice Placement, between subjects, and within assessments. Blocks of campus studies alternate with Placement Practice from the very beginning to foster carry-over from each setting. Learning is problem-focused rather than subject-centred, in the attempt to ensure that the understanding of subjects (including so-called 'pre-clinical' and 'clinical' knowledge), are embedded within real-life professional issues. Modules have themes within which all subjects relevant to the profession are integrated. The use of the PBL process during placement facilitates continued growth of concepts during practice, which is then reinforced when students bring real situations, back to class. Knowledge, skills and values required by the COT are promoted in an integrated fashion around the specially selected real-life issues.

## **1.7 Course Content**

To update the curriculum, and to address the identified need that the profession has expressed to 'return to occupation' (COT, 1998), occupational elements (such as those within Occupational Science) are used to format the course content. Concepts such as occupational science, reflective practice and clinical reasoning have become more significant. In an age of information explosion, decisions about inclusion of topics are made easier by the use of Problems, for they evoke the required content.

There is particular emphasis on the application of the principles of evidence-based practice, general management of Occupational Therapy services and self-management skills. After periods of self-directed learning, students are expected to evaluate the sources of understanding themselves. This is intended to reinforce habits of basing practice on evidence. All assignments expect competence in critical appraisal of research papers, literature review and appraisal of professional research studies.

## **1.8 Progression and Development**

The order of topics provides a logical sequence for developing appropriate skills, to enable students not only to function productively on Professional Practice Placement but to make maximum use of each placement; and to give a sequential order to the acquisition, understanding, appreciation and development of occupational therapy skills.

Subjects recur in the programme to reinforce earlier concepts. Themes that are the focus during second year, such as client-focused practice, have already been introduced at the beginning of the course and developed in every module to make the exploration richer, deeper, more meaningful and more significant to practice. Development is shown by the increasing responsibilities taken by students for their own learning as the programme progresses and by increasing complexity of the problems, together with expansion of their breadth and depth. All modules except the first, and the Practice Placements, are at M level. Students who do not complete Module 13, the research project, may leave the course with a PGDip in Occupational Therapy and registration to practice.

Professional Practice Placements play a vital part in ensuring progression and development. Students are expected to display increasingly greater professional skills and to be capable of taking increasingly more responsibility; the assessments reflect this.

**UNIVERSITY OF BRIGHTON  
MASTER OF SCIENCE IN HEALTH THROUGH OCCUPATION  
2009 COHORT**

**YEAR ONE**

5 wks CAMPUS 07.09.09- 09.10.09	2wk Placement 13.10.09- 24.10.09	8 weeks CAMPUS 26.10.09 – 18.12.09	2 wk vacation 28.12.09 – 01.01.10	7 weeks PLACEMENT 04.01.10 - 19.02.10	8 weeks CAMPUS 22.02.10 – 16.04.10	1wk vacation 19.04.10 – 23.04.10	7 weeks PLACEMENT 26.04.10 – 11.06.10	8 weeks CAMPUS 14.06.10 – 06.08.10	4 wk vacation 09.08.10 – 03.09.10
<u>HEM50</u>	<b>Beginner</b>	<u>HEM51</u>  Assessing Occupational Capacities		<u>HEM52</u>  Novice Practitioner	<u>HEM53</u>  Maximising Occupational Capacities		<u>HEM54</u>  Intermediate Practitioner (1)	<u>HEM55</u>  Evaluating Occupational Therapy	

Contact weeks = 45 (campus 29; placement 16)

**Project →**

**YEAR TWO**

6 weeks CAMPUS 13.09.10 – 22.10.10	8 weeks PLACEMENT 25.10.10 -18.12.10	2wk vacation 20.12.10- 31.01.11	8 weeks CAMPUS 03.01.11 – 25.02.11	8 weeks PLACEMENT 28.02.11 – 22.04.11	2 wk vacation 26.04.11- 06.05.11	8 weeks CAMPUS 09.05.11 – 01.07.11	5 weeks CAMPUS 04.07.11 – 05.08.11	2 wk 08.08. 11 – 19.08. 11
<u>HEM56</u> <b>Occupational Therapy: Teams</b>	<b>HEM57</b> <b>Intermediate Practitioner (2)</b>		<u>HEM58</u> <b>Occupational Therapy: Service Users</b>	<u>HEM59</u> <b>Competent Student Practitioner</b>		<b>HEM60</b> <b>Occupational Therapy: Settings</b>	<b>HEM61</b> <b>Achieving Effective Practice  (Independent)</b>	<u>Hem99</u>  <b>Pr o j e c t</b>

Contact weeks = 45 (campus=27; placement=16; self-directed=2)

HEM99 **Research Project**

## SECTION 2

## THE MODULES

## Assessment Schedule

Year 1

Module number	Week given	Week submitted	ASSESSMENTS	Credit Rating
HEM50 <b>Human Occupation</b>	2	5	Human occupation essay (2000 words)	Formative
<b>Beginning Practice</b>	Continuous		Practice placement report	Formative.
HEM51 <b>Assessing Occupational Capacity</b>	8	15	Critique of a student-chosen occupational therapy assessment. (3,000 words)	<b>10 M</b>
HEM52 <b>Novice Practice</b>	Continuous		Practice placement assessment	<b>Pass</b> Level 3
HEM53 <b>Maximising Occupational Capacities</b>	26	32	Occupational therapy plan for one person (4,000 words).	20 M
HEM54 <b>Intermediate Practice (1)</b>	Continuous		Practice placement assessment	<b>Pass</b> Level 3
HEM55 <b>Evaluating Therapeutic Occupations</b>	42	47	Oral presentation of a research proposal	20 M

Year 2

Module number	Week given	Week submitted	ASSESSMENTS	Credit Rating
HEM56 <b>Occupational Therapy: Teams</b>	1	6	Team Problem: Team Presentation and written assignment (5,000 words)	20 M
HEM57 <b>Intermediate Practice (2)</b>	Continuous		Practice placement assessment	Pass Level 3
HEM58 <b>Occupational Therapy: Service Users</b>	17	24	Viva	20 M
HEM59 <b>Competent Student Practice</b>	Continuous		Practice placement assessment	Pass Level 3
HEM60 <b>Occupational Therapy: Settings</b>	34	41	A protocol for a service development in a setting of student's choice (4,000 words).	20 M
HEM61 <b>Achieving Best Practice</b>	44	48	A personal progress file demonstrating plans as to how the student will achieve best practice in a setting of the student's choice (3,000 words equivalent)	10 M
HEM99 <b>Dissertation</b>	Research proposal (submitted end of first year) Research paper or systematic review suitable for publication (5,000 words), plus extended literature and critical review (5,000 words), or Research by Design (15,000 words).			<b>60 M</b>

TOTAL M LEVEL CREDITS: 180 (Campus modules 120; dissertation 60)

<b>Module 1</b>	<b>Comments/notes</b>
<b>Title</b>	<b>Human Occupation + Beginning Practice</b>
<b>Code</b>	<b>HEM50</b>
Level	M
Credit rating	Formative
Pre-requisites	A 2:2 Honours degree or above in a subject other than occupational therapy.
Type of module	Seven week taught module
Aims	<p>On campus:</p> <ul style="list-style-type: none"> <li>•To introduce the concept of humans as occupational beings.</li> <li>•To demonstrate the essential link between occupation and health.</li> <li>•To overview the principles and process of Occupational Therapy.</li> <li>•To familiarise students with the process of problem-based learning in groups, and individual PBL.</li> <li>•To gain efficiency and pleasure in the use of learning resources.</li> <li>•To prepare for the first practice placement experience.</li> </ul> <p>During practice placement:</p> <ul style="list-style-type: none"> <li>•To observe Occupational Therapy practitioners in action, within one setting.</li> <li>•To interact with staff and with persons with occupational loss.</li> <li>•To perceive the causes, effects, assessment and management of occupational loss.</li> </ul>
Learning outcomes/objectives	<p>Students will be able to:</p> <ul style="list-style-type: none"> <li>• Evaluate self as an occupational being, and to begin to acknowledge your personal perspectives on occupational balance, health and well being with increased knowledge of underlying theoretical perspective</li> <li>• Define occupational therapy</li> <li>• Begin to consider the human biological prerequisite for occupation (general structure and function of the human body, mind, and spirit ) from within a framework of theoretical and practical concepts</li> <li>• Identify some general, physical, psychological, social, environmental barriers to occupation with a systematic understanding of knowledge and a critical awareness of current problems within the field of study.</li> <li>• Form empathy with persons referred to occupational therapy within one setting, and reflect on this complex process</li> <li>• Identify through increased knowledge and awareness some occupational problems experienced by the service users encountered in their first placement</li> <li>• Utilising increased theoretical knowledge outline the occupational therapist's role, within social and health care.</li> <li>• Show a comprehensive understanding when observing specific assessment tools/techniques and treatment media in the setting.</li> <li>• Demonstrate understanding of health and safety principles when moving, handling, and positioning individuals</li> <li>• Access and use the university's and the placement's learning resources, including local systems of Communication and Information Technology, and maximise other opportunities for learning</li> </ul>

	<ul style="list-style-type: none"> <li>• Show a developing awareness of Problem-based Learning (PBL) when managing your own learning</li> <li>• Use interpersonal skills and initiative to work co-operatively with fellow students, service users, teachers and placement educators</li> </ul>
Content	<p>Campus learning outcomes will be achieved through the study of four problems or situations, such as:</p> <p>Difficulty in defining occupational therapy, at a student party.</p> <p>Understanding oneself as an occupational being</p> <p>A young man diagnosed with Parkinson’s Disease is referred to the community occupational therapist to discuss how occupational therapy might play a part in enabling him to maintain and develop his occupational life</p> <p>A SHO on an acute mental health unit approaches the OT with a patient experiencing psychotic symptoms who is ‘hard to engage’ and informally refers him .</p> <p><b>Indicative topics:</b>  <b>Theory of occupation:</b> definitions and genesis of occupational therapy and science; the form, function, and meaning of occupations; effects of occupational deprivation on health. Some causes of occupational loss using a mental health and physical condition; occupational/activity analysis (concepts of productivity, leisure, self-maintenance); occupational therapy process.  <b>Human subsystems:</b> biological prerequisite for occupations (structure, systems); medical, social and occupational models of health and illness; theory of flow, and schizophrenia, Parkinson’s disease, human learning, learning through problems.  <b>Environmental Systems:</b> The therapeutic environment (practice placement), role of statutory and voluntary authorities; Healthcare policies pertaining to occupational therapy, Manual Handling Operations Regulations 1992.  <b>Clinical Reasoning:</b> Occupational therapy process, identifying occupational strengths and needs, observing clinical reasoning in practice.  <b>Therapeutic Skills:</b> professional terminology; forming rapport; communication; observation; moving and handling; ; activity analysis; identify learning needs for self-direction; forming research questions, working within a group, pottery, craft, cooking, horticulture and performing arts.</p>

Teaching and learning strategies	<p>Five week campus based module to include the following each week: Two PBL tutorials (6 hours), two large group sessions (2 hours), seminars/debates (2 hours); self directed learning. In the field, a wide variety of experiences: observation, assisting in the therapeutic process, participating in departmental life, contact with service users, and use of PBL with new situations.</p> <p>Students are prepared for the next practice placement module through PBL triggers and a preparatory session including a discussion of their expectations, and an introduction to the student role on placement. During module 1 the students will also be prepared for the placement by the sessions on:; safety procedures; moving and handling techniques, therapeutic skills.</p> <p>The practice placement records and initial learning objectives established with the personal tutor during this module will form the beginning of a professional Portfolio, which will be developed by the student throughout the programme. The initial learning objectives relate balancing learning with the students first degrees; for instance, if a student has a sociology degree and little previous learning experience in biology, extra learning in this domain may be a goal. The portfolio is intended to foster the life-long Best Practice standards required for Continual Professional Development. Students will make additions to the portfolio during the course, including reflections of practice and assignments, conferences attended, or community work undertaken</p>
Learning support	<p>To include indicative reading, orientation to skills lab's, self-evaluation, skills option introductory sessions, fixed resource sessions, tutorials with personal tutor, formative assessment etc</p> <p>Christiansen, C.H. and E. A. Townsend (2004) <i>Introduction to occupation: the art and science of living</i>. New Jersey: Prentice Hall.</p> <p>Clark, F et al. 1990. Occupational Science: Academic innovation in the Service of Occupational Therapy's future. <i>American Journal of Occupational Therapy</i> 45(4). 300-310.</p> <p>College of Occupational Therapy. 2005. <i>Code of Professional Practice</i>. London: College of Occupational Therapists.</p> <p>Creek, J. 2008. <i>Occupational Therapy &amp; Mental Health</i>. Edinburgh: Churchill Livingstone.</p> <p>Csikzentmihalyi M. 1993. Activity and Happiness: towards a science of occupation. <i>Journal of Occupational Science, Australia</i> 1(1) 38-42.</p> <p>Finlay,L (1997) <i>Groupwork in Occupational Therapy</i>. London: Chapman &amp; Hall</p> <p>Finlay, L. 1997. <i>The Practice of Psycho-social Occupational Therapy</i>. 2<sup>nd</sup> ed. Nelson Thornes</p> <p>Gelder, M., Gath, D., Mayou, R., Cowen, P. 1996. <i>Oxford Textbook of Psychiatry</i>. 4<sup>th</sup> ed. Oxford: Oxford University Press.</p> <p>Golledge, J. 1998. Distinguishing between Occupation, Purposeful Activity and Activity, Part 1: Review and Explanation. <i>British Journal of Occupational Therapy</i>. 61 (3):</p>

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Sadlo, G. 1996 . Problem-based Learning. What? No courses of set subjects! *Tertiary Education News* 5(6), 8-10.

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Tortora, G.J. and T. Grabowski. 2008. *Principles of Anatomy and Physiology*. 8th ed. New York: Harper Collins.

Tyldesley, B. & Grieve J (2002) *Muscles, Nerves and Movement Kinesiology in Daily Living*. 3<sup>rd</sup> Ed. Oxford: Blackwell Scientific Publications.

Wilcock, A.A. 2006. *An Occupational Perspective of Health*. New Jersey: Slack.

Wright, J. 2004. Occupation and flow. In Molineux, M. (ed.), *Occupation for Occupational Therapy*. Oxford: Blackwell Publishers.

	<p>Yerxa, E.J. 1993. Occupational Science: A new source of power for participants in Occupational Therapy. <i>Occupational Science: Australia</i>. 1(1) 3-10.</p> <p>Zemke, R. &amp; Clark, F. 1996. Occupational science: The evolving discipline. F.A. Davis Company.</p>
Assessment tasks	<p>Formative:</p> <ul style="list-style-type: none"> <li>• Moving and handling, interviewing, short answer theoretical questions, regular reviews of understanding, quiz.</li> <li>• Evaluation of participation in practice placement (by self and educator).</li> <li>• Observation/examination of the occupational balance of one service-user seen during practice placement (pie chart).</li> </ul> <p>Written assignment, 2000 words. The assessment criteria/marketing guidelines are agreed by the students and the tutors when the question is set. An example is:</p> <p><i>“Using an activity of your choice (typically one that you enjoy doing yourself), critically discuss the relationship between activity and well-being.”</i></p>
Brief description of module content and/or aims (maximum 80 words)	<p>Providing a realistic and motivating introduction, this level-three module is focused on the importance of occupation within human health and well-being. Introduced to true human situations where health and well-being are improved through participation in specified occupations, students start to develop concepts, values, roles and skills central to the profession. Achievement on the course is supported through familiarisation with the process of problem-based learning. A short practice placement experience enables students to observe occupational therapy in action.</p>
External examiners	Maggie Donovan-Hall and Anne Killett

<b>Module 2</b>	<b>Comments/notes</b>
<b>Title</b>	<b>Assessing occupational capacities</b>
<b>Code</b>	<b>HEM 51</b>
Level	M
Credit rating	10M points
Pre-requisites	HEM 50
Type of module	Intensive over 8 weeks
Aims	<ul style="list-style-type: none"> <li>• To develop competence, in assessing and recording the occupational capacities of service users.</li> <li>• To foster the beginning of the clinical reasoning process, through an analysis of Interactive Reasoning.</li> <li>• To discriminate between assessments relating to self-care, productivity, and leisure activities, by evaluating their validity and reliability.</li> <li>• To compare and rate the potential of activities and occupations themselves as assessment tools and outcome measures.</li> <li>• To foster discrimination between occupational models which guide assessment of human activities.</li> <li>• To expand understanding of the environmental, bio psychosocial and pathological sciences related to human occupation.</li> <li>• To critique the utility of existing outcome measures, for seeking evidence of change in capacity.</li> <li>• To realise risks to peoples' health when occupational performance is compromised</li> </ul>
Learning outcomes/objectives	<p>In managing the overall assessment of persons encountering a variety of occupational problems, you will be able to:</p> <ul style="list-style-type: none"> <li>• Critically analyse the purpose and process of assessment in occupational therapy</li> <li>• Explain with use of your comprehensive understanding, the dynamic interaction between human, task and environmental (sub) systems that affect participation.</li> <li>• Identify the occupational capacities of service users and clearly analyse the various performance subsystems to identify existing obstacles</li> <li>• Critically assess occupational function, clearly discriminating between alternate assessment inventories and techniques that measure occupational performance</li> <li>• Collect and critically discriminate between relevant data and accurately record findings</li> <li>• Relate understanding and insight of differences in cultures to occupational therapy assessments</li> <li>• through originality in application of knowledge justify the choice of a theoretical model of occupational therapy to guide the assessment process</li> <li>• use interactive reasoning , seeing the service user as central to the interaction, and valuing the persons potential for change</li> <li>• Design, construct and appraise interviews, questions and observation strategies showing evidence of comprehensive understanding of the underlying theories involved.</li> <li>• Write accurate and comprehensive occupational assessment reports showing evidence of methodologies and theories.</li> <li>• Critically evaluate the reliability and validity of some standardised and non-standardised assessments.</li> </ul>

<p>Content</p> <p><b>Indicative content</b></p>	<p>Content will be evoked through 4 simulated referrals to the occupational therapy that typify essential assessments, for example:</p> <p>A single parent unable to cope with work and contemplating suicide, referred to a community mental health team.</p> <p>A young person, with learning difficulties requiring assessment for independent living.</p> <p>A woman over retirement age, fell at home and fractured hip, disorientated and confused after being hospitalised (referred for urgent home assessment).</p> <p>A woman, living in an upstairs flat, has difficulty in coping with childcare and domestic tasks, due to painful and now very restricted use of hands and arms (referred to hand clinic).</p> <p><b>Theory of occupation:</b> concepts of occupational imbalance and alienation; occupational performance areas - functional mobility, personal care, home management, work and productive activities, play, creativity and leisure; occupational science subsystems - physical, biologic, information processing, socio-cultural, symbolic, and transcendental.</p> <p><b>Human sub subsystems:</b> fractures; skeleton, joints, hip joint, the hand, Rheumatoid arthritis, grasp and dexterity, pain, urinary tract infection, Downs Syndrome, human learning, confusion, memory, consciousness, social cognition, depression, human emotion, unemployment, self-harm. <b>Environmental:</b> concept of environment affording and pressing occupational behaviours; the physical environment (natural, built, objects), social (groups, form of occupation), cultural, political. Activity analysis (task-focused). Mental Health Acts.</p> <p><b>Assessments:</b> ADL (local); interest check-list, hand assessment, home visit, initial assessment (local), Model of Human Occupation; Canadian Occupational Performance Measure, self assessments/reports, Functional Independence Measure. Assessment of performance components: physical - sensory, range of motion, muscle tone, perception and cognition -orientation, insight and awareness, attention, visual processing, motor planning, memory, organisation, problem-solving; quality of life measures, outcome measures as base-line tools (reliability, validity, standardisation), theory of empathy.</p> <p><b>Clinical Reasoning:</b> Problem-solving process, interactive reasoning (concepts of collaboration, interdependence, creating choices, individualising treatment, structuring success, exchanging personal stories, interactive behaviours), environmental analysis, activity analysis, dependence, independence, interdependence.</p> <p><b>Therapeutic Skills:</b> Interviewing format, planning, and skills (questioning),</p> <p><b>Research:</b> use of assessment measures in research – Outcomes Research- Single-case (or small n) study designs.</p>
<p>Teaching and learning strategies</p>	<p>Per week on campus: Two PBL tutorials (4 hours), four fixed resource sessions (4 hours), skills (3 hours); self directed learning. Fixed resource sessions will include hands-on use of assessment measures. During occupational skills, you will be responsible for focusing on the activity as an assessment tool.</p> <p>In preparation for the following practice placement module you will have a preparatory session the use of a reflective diary to record critical incidents, and an evaluation of your abilities as a novice student on placement and areas to develop. You will also be prepared by the content of module 2 which focuses on the assessment of occupational function, the identification of theoretical models and writing reports.</p>

Learning support	<p>Burnard, P. 1992. <i>Communicate! A communication skills guide for health care workers</i>. London: Edward Arnold.</p> <p>Clarke, C., C. Sealey Lapes, and L. Kotsch. 2003. <i>Outcome measures: information pack for occupational therapy</i>. London: College of Occupational Therapists.</p> <p>Coolican, H. 2004. <i>Research methods and statistics in psychology</i>. London: Hodder and Staughton.</p> <p>Creswell, J.W. 2003. <i>Research Design: Qualitative, Quantitative and Mixed Methods Approaches</i>. London: Sage.</p> <p>Creek, J., ed. 2003. <i>Occupational Therapy and mental health</i>. 3<sup>rd</sup> ed. Edinburgh: Churchill Livingstone.</p> <p>Crepau, E. B., E.S. Cohn and B.A. Schell. 2003. <i>Willard and Spackman's Occupational Therapy</i>. 10<sup>th</sup> ed. Philadelphia: Lippincott Williams &amp; Williams.</p> <p>Finlay, L. 2004. <i>The practice of psychosocial occupational therapy</i>. 3<sup>rd</sup> ed. Cheltenham: Nelson Thomas.</p> <p>Hayes, N. 2000. <i>Foundations of psychology</i> 3<sup>rd</sup> ed. London: Thomson Learning.</p> <p>Hagedorn, R. 2001. <i>Occupational therapy: foundations for practice</i>. 3<sup>rd</sup> ed. Edinburgh: Churchill Livingstone.</p> <p>Hagedorn, R. 2001. <i>Occupational therapy: perspectives and processes</i>. Edinburgh: Churchill Livingstone.</p> <p>Howitt, D. and D. Cramer. 2000. <i>First Steps in Research and Statistics: A practical workbook for psychology students</i>. London: Routledge.</p> <p>Hughes, S. 1997. <i>A new short textbook of orthopaedics and traumatology</i>. London: Edward Arnold.</p> <p>Kielhofner, G. 2002. <i>Model of human occupation</i>. 3<sup>rd</sup> ed. Philadelphia: Lippincott Williams &amp; Wilkins.</p> <p>Law, M., C. Baum, C and W. Dunn. 2001. <i>Measuring occupational performance: supporting best practice in occupational therapy</i>. Thorofare: Slack.</p> <p>Leavitt, R. and S. Spear. 1998. Cognitive assessment and work. <i>Occupational Therapy Practice</i>. 3(3):35-38.</p> <p>Trombly, C. and M. Vining Radomski. eds. 2002 <i>Occupational therapy for physical dysfunction</i>. 5<sup>th</sup> Edition. .London: Lippincott Williams &amp; Wilkins.</p> <p>Turner, A., M. Foster and S. Johnson., eds. 2002. <i>Occupational therapy and physical dysfunction: principles, skills and practice</i>. 5<sup>th</sup> ed. Edinburgh: Churchill Livingstone.</p> <p>Walker, R., 2001 <i>Guide to the human body</i>. London: Dorling Kindersley.</p> <p>Waugh, A. &amp; A. Grant. 2001. <i>Ross and Wilson anatomy and physiology in health and illness</i> 9<sup>th</sup> Edition. Edinburgh: Churchill Livingstone.</p> <p>Westen, D. 2002. <i>Psychology: brain, behaviour, &amp; culture</i>. 3<sup>rd</sup> ed. Chichester: John Wiley.</p> <p>Whalley-Hammell, K., C. Carpenter and I. Dyck. Eds. 2000. <i>Using Qualitative Research: A Practical Introduction for Occupational and Physical Therapists</i>. London. Churchill Livingstone.</p>
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Assessment tasks	<p>Summative:  Title:  <i>A critique of an assessment/outcome measure commonly used within occupational therapy</i> (3,000 words)  The student chooses the assessment.</p>
Brief description of module content and/or aims (maximum 80 words)	<p>The in-depth study of the occupational therapy process begins. Although the whole procedure will be considered, focus will be on the theory and strategies of the first phase – the assessment of occupational risk factors - and on some causes of occupational loss. The role of assessment is becoming increasingly more scientific; therapists today require a critical overview of assessment tools and outcome measures, to gauge and understand changes in an individual's occupational life. Assessment measures now play a bigger part in evaluating practice and in research, and appreciation of the clinical reasoning that facilitates this initial collaborative phase between service-user and therapist is needed to inform practice.</p>
<b>Module 2</b>	<b>Comments/notes</b>
External examiner	Maggie Donovan-Hall and Anne Killett

<b>Module</b>	<b>Novice Practice</b>
<b>Code</b>	<b>Hem 52</b>
<b>Level</b>	3
<b>Credit rating</b>	Pass
<b>Pre-requisites</b>	A minimum of 80% attendance of HEM51
<b>Type of module</b>	Practice Placement - 7 weeks
<b>Aims</b>	<p>-To develop professional practice in occupational therapy in one practice area.</p> <p>-To augment existing knowledge of and skills in assessing occupational difficulties.</p> <p>-To develop interpersonal skills and collaborative practice with service-users and colleagues.</p> <p>-To verify, modify and expand current views of human occupation, through experience of working with persons with occupational loss.</p> <p>-To foster an evaluative approach to the occupational therapy assessment processes.</p> <p>-To reinforce a sense of autonomy and responsibility, using problem-based learning in the practice placement setting.</p> <p>-To value the sharing of information and resources from university, with practice placement staff.</p> <p>-To expand understanding of the environmental, bio psychosocial and pathological sciences related to human occupation.</p>
<b>Learning outcomes/objectives</b>	<ul style="list-style-type: none"> <li>• Assist with a small caseload (approx 5-10) and write assessment reports utilising extended theoretical knowledge. Begin collaborative work with clients to maximise their performance through use of ideas and theories learnt.</li> <li>• Assist with all aspects of the occupational therapy process as directed by an occupational therapist-critically evaluate assessment, treatment planning, intervention and evaluation utilising all theoretical and practical knowledge.</li> <li>• Actively engage with clients and involve them in the therapy process to negotiate goals showing a systematic understanding of knowledge.</li> <li>• Critically evaluate the reliability and validity and standardisation of assessment methods used within the placement.</li> <li>• Using your initiative and increased understanding of theory, liaise as appropriate to the setting with other members of the team</li> <li>• Critically review assessment techniques, and use the results of assessment to plan aims and objectives; relate theory of occupational practice to practice placement experience in a creative and clearly thought out manner.</li> <li>• Utilise skills learned in the campus based "skill" option elements and note outcomes</li> <li>• Critically appraise your personal contributions to the practice placement situation, clearly indicating increased understanding and knowledge of the working environment</li> </ul>
<b>Content</b>	To be determined by the nature of the practice placement setting and the learning opportunities offered to the student. There are a range of placements available to students including physical, mental health and learning disability placements that occur in a variety of settings e.g. hospital and community.

<p><b>Teaching and learning strategies</b></p>	<p>You will become involved in the work of the department, and be involved in setting your own goals in collaboration with the educator and in accordance with the type of placement. Formal supervision will be scheduled one a week. You will be able to manage your own learning for the placement, using the problem-based learning process with each new-found situation; and you will use PBL to study one issue in depth. You will choose and collect three case studies, which illustrate treatment planning in the practice placement area, to prepare for the next module.</p>
<p><b>Learning support</b></p>	<p>Alsop, A. and S. Ryan. 1996. <i>Making the Most of Fieldwork Education. A practical approach</i>. Oxford: Chapman &amp; Hall</p> <p>Addy, L (Ed). 2006. <i>Occupational Therapy Evidence in Practice for Physical Rehabilitation</i>. Oxford: Blackwell Publishing.</p> <p>Bumphrey.E. 1995. <i>Community Practice: A text for Occupational Therapists and others involved</i>. London. Prentice Hall.</p> <p>Bond, T. 1997. <i>Games for Social and Life Skills</i>. Winslow Press</p> <p>Brandes, D. 1990. <i>Gamesters' Handbook: 140 games for teachers and group leaders</i>. Leckhampton: Stanley Thornes</p> <p>College of Occupational Therapists. 2005. <i>Code of ethics and professional conduct for occupational therapists</i>. London: COT.</p> <p>Crouch, R. 2005. <i>Occupational therapy in psychiatry and mental health</i>. London: Whurr</p> <p>Finlay, L. 1997. <i>Groupwork in Occupational Therapy</i>. Cheltenham: Stanley Thornes</p> <p>Finlay, L. 2000 The Occupational Therapy Role: Meanings and motives in an uncertain world. <i>British Journal of Therapy and Rehabilitation</i>, 7 (3): 124 – 129.</p> <p>Finlay, L. 2004. <i>The Practice of Psychosocial Occupational Therapy</i>. Cheltenham: Stanley Thornes</p> <p>Gross, R. 2001. <i>Psychology: the Science of Mind and Behaviour</i>. London: Hodder &amp; Stoughton</p> <p>Hawkins, P. and R. Shohet. 2007. <i>Supervision in the helping professions: an individual, group and organizational approach</i>. Buckingham: Open University Press</p> <p>Healey, J. and Spencer, M. 2008. <i>Surviving your placement in Health and Social Care: A student Handbook</i>. Berkshire: Open University Press.</p> <p>Heath, L.A. 1996. The use of self-directed learning during fieldwork education: the students' perspective. <i>British Journal of Occupational Therapy</i> 59 (11): 515-519</p> <p>Ley, P. 1997. <i>Communicating with patients: improving communication, satisfaction and compliance</i>. Cheltenham: Stanley Thornes</p> <p>Martin, M. and L. Edwards. 1998. Peer Learning on Fieldwork Placements. <i>British Journal of Occupational Therapy</i>. 61(6): 249-252.</p>

	<p>Martin, M and Wheatley, S. 2008. The Developing Student Practitioner. In: Creek, J. 2008. <i>Occupational Therapy and Mental Health</i>. Edinburgh: Churchill Livingstone.</p> <p>Schon, D.1985. <i>The Reflective Practitioner</i>. London, Jossey-Bass.</p> <p>Trombly, C. and Radomski M.V. 2007, 6<sup>th</sup> Ed <i>Occupational Therapy for Physical Dysfunction. A comprehensive Atlas</i>. Williams &amp; Wilkins, Philadelphia</p> <p>Turner, A., M. Foster and S. E. Johnson. 2002, 5th Edition. <i>Occupational Therapy and Physical Dysfunction</i>. Edinburgh: Churchill Livingstone, Edinburgh</p>
<b>Learning support</b>	<p>Van Ooijeu, E. 2003. <i>Clinical Supervision made easy</i>. London: Churchill Livingstone</p> <p>Whitcombe S. W. 2001. Using learning contracts in fieldwork education: the views of Occupational Therapy students and those responsible for their supervision. <i>British Journal of Occupational Therapy</i> 64(11) 552-558</p>
<b>Assessment tasks</b>	<p>Formative Participation in whole occupational therapy process. Choose one assessment commonly used in that field; consider aspects of its reliability and validity.</p> <p>Case Study (Minimum 1)</p> <p>Summative You will be assessed by your practice placement educator(s) against the competency statements for the module. The areas in which you will be assessed are: safe practice; occupational therapy professional standards, behaviour and ethics; client centred practice, occupational therapy process; integration of theory and practice; reflective practice; professional relationships; communication skills; organisational skills; use of supervision. You must reach a satisfactory (pass) grade in Novice Practice.</p> <p>A pass indicates that you have good potential. Failure of this placement means that you must repeat the placement and again be assessed in Novice Practice. The result of this repeat will be to lengthen the course by a total of 7 weeks after the end of University based studies. A second failure of the Novice Practice placement will require you to withdraw from training.</p>
<b>Brief description of module content and/or aims (maximum 80 words)</b>	<p>This first full-length placement occurs 16 weeks into the course when you need to develop confidence in working with service users, and to reinforce your developing assessment skills. At this stage you are considered to be able to demonstrate responsible actions and to assist in work within the setting, including record keeping. Although you have begun to develop theoretical concepts of occupational therapy, and have some skills, you will need the help of the practice placement educator to put these into their real-life context. With help, you will develop the ability to identify occupational dysfunction, on which to base principles of intervention. Observation of, and supported participation in, treatment modalities and treatment planning prepares you for your next campus module, linking theory and practice.</p>
<b>External examiner</b>	Maggie Donovan-Hall and Anne Killett

<b>Module 4</b>	<b>Maximising Occupational Capacities</b>
<b>Code</b>	<b>HEM 53</b>
<b>Level</b>	M
<b>Credit rating</b>	20
<b>Pre-requisites</b>	A minimum of 80% attendance of HEM51
<b>Type of module</b>	Intensive 8 weeks
<b>Aims and learning outcomes</b>	<ul style="list-style-type: none"> <li>• To critically appraise completed assessment forms, and to use the data collected to justify choice of activities designed to improve capacity.</li> <li>• To critique and articulate the role occupation plays in enhancing humans' sense of well-being (the therapeutic effect of maximizing capacities).</li> <li>• To sharpen appraisal skills, identifying the essence of different occupation's therapeutic potential.</li> <li>• To facilitate competence in planning, designing and implementing occupational therapy, in collaboration with the user, in a variety of settings, for individuals and groups.</li> <li>• To develop skills in tailoring the form, function or meaning of self-maintenance, productive and leisure occupations, according to service-users unique needs and levels.</li> <li>• To design changes to the environment or task to facilitate improvements in participation or performance.</li> <li>• To promote the use of theory and models in the planning process.</li> <li>• To expand understanding of the environmental, bio-psycho-social, and pathological sciences related to human occupation.</li> <li>• To foster a questioning (research) attitude to the effect of chosen interventions. <ul style="list-style-type: none"> <li>1. To raise awareness of the importance of high standards of professional practice, incorporating moral, legal and ethical issues.</li> </ul> </li> </ul>
<b>Content</b>	<p>Concepts of treatment planning in occupational therapy will be developed using completed assessments for the following, or similar, situations:</p> <p>Your own case study from placement will form the content of the first weeks study material.</p> <p>A mixed group of middle-aged persons experiencing anxiety and depression who qualify for attendance at a therapeutic group in the community (results of initial assessments presented).</p> <p>Hospice care</p> <p>A 54 year old man with a history of hypertension and a smoker who is admitted with a stroke and is anxious to return home as soon as possible.</p> <p>An adolescent girl living with her family, who has profound emotional difficulties with the meaning of self-maintenance, in the area of nutrition (self-assessment questionnaire, occupational role checklist completed by the client).</p>
<b>Content</b>	<p><b>Theory of occupations:</b> Effects of occupation and health, occupations for working, maintenance and pleasure; function and meaning of occupations (purpose), models and approaches, - Model of Human Occupation (Kielhofner): (volition, habituation, performance capacity), intention and attention, occupational performance areas, techniques, media and modalities, teaching and learning, flow theory (Csikszentmihalyi), creativity, occupations relating to the quality of life.</p>

	<p><b>Human subsystems:</b> Human gait, motor pathways, brain areas (function and dysfunction), blood vessels, pressure, adolescence, self-concept, osteo-arthritis, anorexia nervosa, cerebra-vascular accidents, stress and anxiety, grief processes, sociology of the family, concepts of ethics, motivation and actualization.</p> <p><b>Environmental:</b> concepts of intermediate care for older persons, transition to personal independence, legislation and children's services, Community Care Act 1990.</p> <p><b>Clinical reasoning:</b> Core processes of occupational therapy (case management), theory-driven and process driven patterns of implementing therapy, Conditional reasoning (motive, choosing activities, habits and meaningful experiences, selection of activities), Narrative reasoning (imaging, prospective stories, prognosis), support clinical decisions and action with theoretical underpinning.</p> <p><b>Therapeutic skills:</b> clinical reasoning, Bathing equipment fitting/teaching, environmental adaptations, stair rails, organizing/ running/ experiencing a therapeutic group, dressing practice, handling skills in hemiplegia, record keeping, SOAP notes, goal forming, mobility techniques (including wheelchairs, cushioning), therapeutic use of self, resource management, environmental adaptation, orthosis (for hypertonus), activities of daily living.</p> <p><b>Research:</b> Records, use of data, data searching, collection, outcome measures.</p>
<p><b>Teaching and learning strategies</b></p>	<p>Per week on campus: two PBL tutorials (4 hours); group discussions, workshops (4 hours); skills (3 hours); and self-directed learning. During occupational skills, focus will be on the activities as treatment tools to improve performance.</p> <p>Students will be prepared for the next practice placement module through the identification of the potential of occupation, justification of the choice of therapeutic activity, and evaluation of the effectiveness of occupational therapy. They will explore the use of clinical reasoning and in particular its relationship to supervision while on placement.</p>
<p><b>Learning support</b></p>	<p>Acts of Parliament: <i>National Assistance act (1948); Chronically sick and disabled persons act(1971); Health and safety at work act (1974); Sex discrimination act(1975); Mental Health Act(1983); Disabled persons act(1986); Community care act(1990); Disabilities discrimination act(1995); National Health Service reform and health professions act(2002).</i></p> <p>Atkinson, K. and C. Wells. 2000. <i>Creative therapies: a psychodynamic approach within occupational therapy.</i> Cheltenham: Stanley Thornes.</p> <p>Bennett, J. 2003. <i>Evaluation Methods in Research.</i> London: Continuum.</p> <p>Burnard, P. 1999. <i>Practical counselling and helping.</i> London: Chapman and Hall.</p> <p>Clark-Carter, D. 2004. <i>Quantitative Psychological Research: A Student's Handbook.</i> Hove: Psychology Press.</p> <p>Cole, M.C. 1998. <i>Group dynamics in occupational therapy: the theoretical basis and practice application of group treatment.</i> Thorofare NJ: Slack.</p> <p>College of Occupational Therapists. 2005. <i>Code of ethics and professional conduct for occupational therapists.</i> London: COT.</p> <p>College of Occupational Therapists. 2003. <i>The occupational</i></p>

*therapist and the court*. London: COT.

College of Occupational Therapists. 2003. *Professional standards for occupational therapy practice*. London: COT.

Coolican, H. 2004. *Research methods and statistics in psychology*. London: Hodder and Staughton.

Creek, J. ed. 2002. *Occupational therapy and mental health*. 3<sup>rd</sup> ed. Edinburgh: Churchill Livingstone.

Creswell, J.W. 2003. *Research Design: Qualitative, Quantitative and Mixed Methods Approaches*. London: Sage.

Denzin, N.K. and Y.S. Lincoln. 2003. (Eds). *Collecting and interpreting qualitative materials*. London: Thousand Oaks.

Department of Health. 1999. *National Service Framework for mental health*. London: DOH.

Department of Health. 2001. *National Service Framework for older people*. London: DOH.

Department of Health. 2004. *National clinical guidelines for stroke*. London: Royal College of Physicians.

Dimond, B. 1997. *Legal aspects of occupational therapy*. Oxford: Blackwell Science.

Finlay, L. 1997. *Groupwork in occupational therapy*. London: Chapman Hall.

Finlay, L. 2004. *The practice of psychosocial occupational therapy*. 3<sup>rd</sup> ed. Cheltenham: Nelson Thornes.

Greenwood, R.J., M.P. Barnes, T.M. McMillan, and C.D. Ward. Eds. 2003. *Handbook of neurorehabilitation*. Hove: Psychology Press.

Hagedorn, R. 2001. *Occupational therapy: foundations for practice*. 3<sup>rd</sup> ed. Edinburgh: Churchill Livingstone.

Health Professions Council. 2003. *Standards of conduct, performance and ethics*. London: HPC.

Health Professions Council. 2003. *Standards of proficiency: occupational therapists*. London: HPC.

Kielhofner, G. 2002. *Model of human occupation*. 3<sup>rd</sup> ed. Philadelphia: Lippincott Williams and Wilkins.

National Institute of Clinical Excellence. 2004. *Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders*. London: NICE.

Reed, K.L. and S. N. Sanderson.. 1999. *Concepts of occupational therapy*. 4<sup>th</sup> ed. Philadelphia: Lippincott Williams and Wilkins.

Sumsion, T. 1999. *Client-centred practice in occupational therapy: a guide to implementation*. Edinburgh: Churchill Livingstone.

Townsend, E. 1997. *Enabling occupations – an occupational therapy perspective*. Ottawa: Canadian Association of Occupational Therapists.

Turner, A., M. Foster and S.E. Johnson. Eds. 2002. *Occupational therapy and physical dysfunction*. 5<sup>th</sup> ed. Edinburgh: Churchill Livingstone.

	Whalley-Hammell, K, Carpenter, C., and Dyck, I. (Eds). 2000 <i>Using Qualitative Research: A Practical Introduction for Occupational and Physical Therapists</i> . London. Churchill Livingstone.
<b>Assessment tasks</b>	Formative: Portfolio of PBL cases reflecting on plans for occupational therapy treatment.  Summative: A justified occupational therapy plan for an individual, developed from a range of given completed assessment forms provided by practice educators (4,000 words). To include: appraisal of the written assessment, selection of an appropriate theoretical model, clinical reasoning, goal planning, chosen activities/occupations (graded for ability and culture), time, place, methods of evaluation and supporting evidence base.
<b>Brief description of module content and/or aims (maximum 80 words)</b>	Building on student's recent practice placement experience where assessment skills were refined, work here focuses on the therapeutic process itself: using daily living, work or leisure occupations to maximize capacities and foster improved quality of life. The problems presented to students in this module take the form of completed assessments of persons with occupational dysfunction; through which students' action, learning goals and plans for occupational therapy for a variety of persons will manifest. Occupations/tasks, the environment and personnel are chosen, graded, and reconsidered. Evidence for the effectiveness of the chosen therapeutic media for each problem needs addressing.
<b>External examiner</b>	Maggie Donovan-Hall and Anne Killett

<b>Module</b>	<b>Intermediate Practice (1)</b>
<b>Code</b>	<b>HEM 54</b>
<b>Level</b>	3
<b>Credit rating</b>	20
<b>Pre-requisites</b>	HEM 52
<b>Type of module</b>	Practice placement -7 weeks
<b>Aims</b>	<p>-To develop assessment and intervention skills appropriate to the occupational therapy process, for a range of patients.</p> <p>-To provide practice in self-management, administrative and organisational tasks.</p> <p>-To provide opportunities for students to display professional conduct, and actions which demonstrate understanding of human occupation.</p> <p>-To develop an inquiring approach to support growing research and evaluative skills appropriate to occupational therapy.</p> <p>-To continue to link theory and practice, through the choice of three case studies which demonstrate aspects of evaluation of effectiveness.</p> <p>-To build attitudes which support the implementation of evidence-based practice.</p>
<b>Learning outcomes/objectives</b>	<ul style="list-style-type: none"> <li>• Take responsibility for a number of patients/clients (approximately 7- 10) or have aspects of work delegated to you by an occupational therapist. It is appreciated that the opportunities for taking responsibility for a caseload will vary in different placement settings. This number should only be considered as a guide.</li> <li>• Provide occupational therapy based on application of knowledge of competent assessment skills, and justified through extended knowledge and use of literature for the agreed mixed caseload</li> <li>• Actively seek out opportunities to creatively practice and demonstrate elements of patient care, developed in modules HEM 50, HEM 51 and HEM 53, or learned during practice placement</li> <li>• Liaise with other team members in respect of patient care and in order to develop critical skills and acquire deeper knowledge and understanding</li> <li>• Creatively manage time. Organise work and utilise resources to allow for critical reflection and professional development</li> <li>• Critically assess own professional behaviour and use supervision to advance practice through personal goal-setting</li> </ul>
<b>Content</b>	To be determined by the nature of the practice placement setting and the learning opportunities offered to the student
<b>Teaching and learning strategies</b>	Having set initial objectives, you should be supervised by a practice placement educator but this does not mean that you have to be shadowed by an occupational therapist; liaison with the educator should be on an agreed basis. You may request to spend time observing the practice placement educator or other occupational therapists to learn new or reinforce existing skills and techniques. Problem-based work should be shared with the work team through a presentation.
<b>Learning support</b>	Andrews, J. 2000 The value of reflective Practice: A student Case Study . <i>British journal of Occupational Therapy</i> 63 (8): 396-398

Borg, B 1997. *Occupational Therapy Stories: Psychosocial Interaction in Practice*. Thorofare NJ, Slack

Bryant, W. and E. McKay. 2005. What's Cooking? Theory and Practice in the Kitchen *British journal of Occupational Therapy* 68(2): 67-74

Chia, S.H. and E. Payne. 1998. Using critical incident analysis to enhance CPD: mentor and student perspectives. *British Journal of Therapy and Rehabilitation* 5(7): 376-78

Cutcliffe, J. and T. Butterworth. 2001. *Fundamental themes in clinical supervision*. London: Routledge

Cohen, H. 1989. How to Read a Research Paper. *The American Journal of Occupational Therapy* 42: 596-600

Creek, J. ed. 2008. *Occupational therapy and mental health*. 4<sup>th</sup> ed. Edinburgh: Churchill Livingstone.

Dimond, B. C. 1997. *Legal aspects of occupational therapy*. Oxford: Blackwell Science.

Farrow, P. 1995. Foundations for the Art and Science of Occupational Therapy in the 21<sup>st</sup> Century. *Australian Occupational Therapy Journal*. 42, 95-106.

Garner, R. and S. Rugg. 2005. Electronic Care Records: an update on the Garner Project. *British Journal of Occupational Therapy* 68(3): 131-134

Hagedorn, R. 2000. *Tools for Practice in Occupational Therapy: A Structured Approach to Core Skills*. Edinburgh, Churchill Livingstone

Hansen, R. A. and B. Atchison. 2000. *Conditions in occupational therapy: Effect on occupational performance*. (2nd. Ed). Philadelphia: Lippincott Williams & Wilkins.

Jacques, A. 1992. *Understanding Dementia*. Churchill Livingstone, Edinburgh

Lamport, N. K. 1993 *Activity Analysis Handbook* Thorofare, NJ: Slack Inc

Martin, M. 1996. How reflective is student supervision? A study of supervision in action. *British Journal of Occupational Therapy*, 59 (5): 229-236

Miller, W.R. and S. Rollnick. 1991. *Motivational Interviewing. Preparing People to Change Addictive Behaviour*. New York: Guilford Press

Pedretti, L. 2001. ( 6<sup>th</sup> Ed.) *Occupational Therapy Practice Skills for Physical Dysfunction*. St Louis: CV Mosby Co

<b>Learning support</b>	<p>Rumrill, P. 1998. Future Trends in assessment and planning: priorities for vocational rehabilitation in the 21<sup>st</sup> century. <i>Work</i> 10(3): 271-129.</p> <p>Wilcock, A. 2006. <i>An Occupational Perspective of Health</i> (Second Edition). Thorofare: Slack.</p> <p>Willson, M. (Ed). 1996. 3rd Edition <i>Occupational Therapy in Short Term Psychiatry</i>. Edinburgh: Churchill Livingstone</p>
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<b>Assessment tasks</b>	<p><b>Formative</b> Review the evidence for one assessment or intervention observed on the placement (in collaboration with the practice placement educator). Examine the literature available and critique application, reflect on students feelings about using this tool.</p> <p>Case Study (Minimum 1)</p> <p><b>Summative</b> You will be assessed by your practice placement educator(s) against the competency statements for the module. The areas in which you will be assessed are: safe practice; occupational therapy professional standards, behaviour and ethics; client centred practice, occupational therapy process; integration of theory and practice; reflective practice; professional relationships; communication skills; organisational skills; use of supervision. You must achieve a satisfactory (pass) grade at 'intermediate practice (1)' level.</p> <p>Implications of Pass or Fail</p> <p>Failure of this placement means that it must be repeated and this will lengthen the course for the student by 7 weeks. Failure to pass at the level 'intermediate practice (1)' at the second attempt requires you to withdraw from training.</p>
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<b>Brief description of module content and/or aims (maximum 80 words)</b>	<p>This final year 1 practice placement provides an opportunity for you to test their therapeutic skills and knowledge so far gained, and to assess your developing practice placement contribution. You should be considered as personally 'efficient' at this stage: able to demonstrate organisation and efficiency, be able to cope with and manage assessment and therapeutic aspects of the occupational therapy process, with supervision. You should now have a good understanding of the art and science of the occupational therapy process, justified through theory, so should by the end of the placement be able to carry out all aspect of this, and in addition, should begin to evaluate the interventions with the guidance of the educator. Reflective practice is stimulated during a literature search for evidence-based practice in the setting.</p>
<b>External examiner</b>	Maggie Donovan-Hall and Anne Killett

<b>Module 6</b>	<b>Evaluating Therapeutic Occupations</b>
<b>Code</b>	<b>HEM 55</b>
<b>Level</b>	M
<b>Credit rating</b>	20
<b>Pre-requisites</b>	A minimum of 80% attendance of HEM53
<b>Type of module</b>	Intensive over 8 weeks
<b>Aims</b>	<ul style="list-style-type: none"> <li>• To support interest in the relationship between theory and research.</li> <li>• To equip future therapists with the tools to discover the efficacy of occupational therapy.</li> <li>• To enable students to determine the nature/quality of the existing evidence for occupational therapy, within published papers.</li> <li>• To value the consumers' and practice educators' perspectives on areas requiring research evidence.</li> <li>• To strengthen links with, and 'give back' to practice placement educators, by developing collaborative research projects.</li> <li>• To cultivate a vital research culture for you to contribute to the profession.</li> </ul>
<b>Learning outcomes/objectives</b>	<p>By the end of the module students will be able to:</p> <ul style="list-style-type: none"> <li>• View and have a systematic understanding of knowledge and critical awareness of the special need for research within occupational therapy</li> <li>• Critically evaluate and document the results of occupational therapy in order to demonstrate changes that occur</li> <li>• Show a comprehensive understanding and ability to identify the purpose as well as all the stages of the research process</li> <li>• Show extended knowledge and respect when following ethical guidelines and procedures when planning research</li> <li>• Indicate a comprehensive understanding of techniques applicable to research when designing questions after identifying problems ,which may be addressed through research, and formulate hypotheses evolved from knowledge of current theories</li> <li>• Design a research project showing comprehensive understanding of techniques applicable to the study.</li> <li>• Use a limited range of qualitative and quantitative research designs, appropriate to given/chosen questions/hypotheses concerning occupation and health.</li> <li>• Use scientific writing skills to demonstrate ability to critically evaluate the finding of a review of evidence</li> <li>• Show originality in the design of a research proposal and present it to an audience of tutors and peers.</li> </ul>

<b>Content</b>	<p>Through the study of actual occupational therapy plans and records for various persons/situations, such as:</p> <p>Planning a research outline to evaluate the outcomes of a photography group for people recovering from alcohol related problems in order to bid for funding</p> <p>Members of a research planning team prepare to apply for funding to conduct a small qualitative study into retirement (Phenomenology)</p> <p>An audit of an occupational therapy service.</p> <p>An evaluation of the use of home visits to maximise the occupational capacity of those with Chronic Obstructive Airways Disease, as they are now facing cutbacks in service (Survey design)</p> <p>A Randomised Control Trial needs to be carried out to evaluate the effectiveness of a Cardiac Rehabilitation Team.</p>
<b>Content</b>	<p>Occupational theory: History of occupational therapy; definitions of well-being and quality of life; conditions for development of occupational science; research base for occupational therapy; existing research links between occupation and health and well being; evidence for occupational deprivation causing ill-health; occupational participation and mortality, occupations and time management, goal setting.</p> <p>Clinical Reasoning: Research methods used within clinical reasoning (Mattingly and Fleming);</p> <p>Human subsystems: circulatory system, cardiac disease, structure and function of respiratory system, lung function tests, COAD, common pathologies of lungs; ageing process, social systems, human knowledge and the development of science.</p> <p>Enviromental systems: the Arts and Crafts movement; the research culture within occupational therapy; conditions for the development of occupational science; policy-led research priorities.</p> <p>Research Methods: search and choose literature bases using AMED, CINAHL, BIOMED, formulate outline research proposals. Qualitative and quantitative research designs and methods (surveys, interviews), data types, sampling, variables; content analysis (focusing, managing data, creating categories, linking data, forming themes), issues of consent, confidentiality, and risks; reporting research results.</p> <p>Therapeutic Skills: research interviewing, Presenting to groups</p>
<b>Teaching and learning strategies</b>	<p>Problem Based Learning using case studies. Fixed Resource Sessions from practitioners and tutors</p>

## Learning support

Items marked with an asterisk (\*) indicate general texts that may be a good starting point

Atwal A (2003) Profiting from consensus methods in occupational therapy: using a Delphi study to achieve consensus on multi-professional discharge planning. *British Journal of Occupational Therapy* 66 (2) 65-70

Aveyard H (2007) *Doing a literature review in health and social care: a practical guide*. Maidenhead: Open University Press

Ballinger C (2004) Writing up rigour: representing and evaluating good scholarship in qualitative research, research series. *British Journal of Occupational Therapy* 67 (12) 540-546

Bannigan K (2004) How to do research: how to do case study research? *Mental Health Occupational Therapy* 9 (1) 31-2

Bannigan K (2004) How to do research: how to do action research? *Mental Health Occupational Therapy* 9 (2) 43-4

Barbour R (2007) *Doing focus groups*. In: U Flick ed *The SAGE qualitative research kit*. London: Sage

Bennett S, McKenna K, McCluskey A, Tooth L, Hoffman T, Strong J (2007) Evidence for occupational therapy interventions: effectiveness research indexed in the OTseeker database. *British Journal of Occupational Therapy* 70 (10) 426-430

Bowling A, Ebrahim S (2005) *Handbook of health research methods: investigation, measurement and analysis*. Maidenhead: Open University Press,

Bowling A (2004) *Measuring health: a review of Quality of Life measurement scales*. 3rd ed. Maidenhead: Open University Press

Braun V, Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* (3) 77-101

Bryman A (2008) *Social research methods*, 3rd ed. Oxford: Oxford University Press

Campbell J, Corr S, Jones R (2005) Effective reporting of quantitative data, research series. *British Journal of Occupational Therapy* 68 (11) 495-500

Carter S, Little M (2007) Justifying knowledge, justifying method, taking action: epistemologies, methodologies, and methods in qualitative research. *Qualitative Health Research* (17) 1316-1328.

Cramer D, Howitt D (2004) *The SAGE dictionary of statistics: a practical resource for students in the social sciences*. London: Sage

Creswell J (2007) *Qualitative inquiry & research design: choosing among five approaches*. 2nd ed. Thousand Oaks: Sage (Includes: narrative, phenomenological, grounded theory, ethnographic and case study approaches to inquiry)

\*Creswell J (2009) *Research design: qualitative, quantitative, and mixed methods*. 3rd ed. Thousand Oaks: Sage

Crookes P, Davies S eds (2004) *Research into practice: essential skills for reading and applying research in nursing and health care*. 2nd ed. Edinburgh: Bailliere Tindall

<b>Assessment tasks</b>	<p>Formative: Written research proposal.</p> <p>Summative:  Presentation of their research proposal in front of an audience of students who provide written formative feedback to the presenting student. The presentation should define the research question, justify the choice of research, critique relevant literature and chosen methodology, detail the method and justify chosen data analysis. Tutors will provide Summative assessment.</p>
<b>Brief description of module content and/or aims (maximum 80 words)</b>	<p>Occupational therapists are now required to ascertain the existing evidence base for accepted practice, and they also need the skill to develop their own research projects. Building on their growing knowledge of human occupation and the scientific process developed during previous modules, the problems are presented in the form of plans/records for occupational therapy that has actually taken place; study deepens students' understanding of the value of therapeutic occupation through a focus on research processes appropriate to the profession. By writing their own research protocol, students will develop a greater ability to critique the research of others and different research methods. The module may prepare them for HEM99, the dissertation module should they proceed to the MSc.</p>
<b>External examiner</b>	Maggie Donovan-Hall and Anne Killett

<b>Module 7</b>	<b>Comments/notes</b>
<b>Title</b>	<b>Occupational Therapy: Teams</b>
<b>Code</b>	<b>HEM56</b>
<b>Level</b>	M
<b>Credit rating</b>	20
<b>Pre-requisites</b>	HEM55
<b>Type of module</b>	6 weeks intensive
<b>Aims</b>	<ul style="list-style-type: none"> <li>• To nurture confidence in the unique contribution of the occupational therapist</li> <li>• To value and differentiate between the roles and responsibilities of the various health and social care professionals.</li> <li>• To encourage appreciation of service user, carer and staff related benefits of multidisciplinary approaches (using evidence where it exists).</li> <li>• To place in context current issues surrounding multidisciplinary working (overlapping of professional skills, duplication of work, key workers and generic workers).</li> <li>• To raise awareness of current health and social care strategies (i.e. Primary Care Groups, care in the community, care managers)</li> <li>• To corroborate the complementary input of occupational therapy in specialist areas of care (i.e. neurology, community, paediatrics, forensic).</li> <li>• To advance ideas about multi-disciplinary approaches to and strategies of research and quality assurance.</li> <li>• To continue understanding of the environmental, bio psychosocial, and pathological sciences related to human occupation.</li> </ul>

<p><b>Learning outcomes/objectives</b></p>	<p>By the end of the module students will be able to:</p> <ul style="list-style-type: none"> <li>• Demonstrate self direction and originality in use of theories of group dynamics and interdependence to corroborate planned actions and to ensure effective membership of uni- and multi-professional teams.</li> <li>• Collaborate with other members of the learning team (which will sometimes include members of other profession) to plan and develop innovative services showing knowledge and understanding of concepts and new research.</li> <li>• Critically appraise the contribution of occupational therapy in a particular team setting; show value in sharing that role with other team members</li> <li>• Analyze the role of other team members showing a critical awareness of current problems and new insights and evidencing respect for those roles.</li> <li>• Synthesize and evaluate current theories of successful team functioning to plan effective patient/client care</li> <li>• Show comprehensive understanding and integrate knowledge of team functioning within an organizational context.</li> <li>• Select individual and team responsibilities using knowledge of occupational therapy theory and practice to plan and process outcome evaluations</li> <li>• Consciously demonstrate use of interpersonal and group skills to foster productive achievement by the PBL team</li> <li>• Exercise initiative and personal responsibility in the participation and presentation of a multi professional plan of care for an individual to an audience of tutors and peers</li> </ul>
<p><b>Content</b></p>	<p>Students will be confronted with a variety of field situations which require skilled teamwork:</p> <p>An 83 year old woman with arthritis, angina and mobility difficulties who is having difficulty managing in the bath (social services referral).</p> <p>Team meeting at a special school, to plan the daily programme for a child who is highly dependent in all occupations. (working with teachers in a special school).</p> <p>An urban mental health team to which a young unemployed woman with problems of planning her day has been referred (the key worker system with approved social workers).</p> <p>A recent referral for major home adaptation for a 30 year old woman with poor grip and sight, loss of kinaesthetic sense (working with architects and builders).</p>
<p><b>Teaching and learning strategies</b></p>	<p>Problem Based Learning using triggers from practice Fixed resource sessions led by occupational therapists and other professionals, as well as by tutors</p> <p>Students will be prepared for the following practice placement module by learning about the various roles of health and social care professionals, and will be encouraged to use a diary to record the effectiveness of the teams on their placements.</p>

<p><b>Learning support</b></p>	<p>Coolican, H. 2004. <i>Research methods and statistics in psychology</i>. London: Hodder and Staughton.</p> <p>Creswell, J.W. 2003. <i>Research Design: Qualitative, Quantitative and Mixed Methods Approaches</i>. London: Sage.</p> <p>Department of Health. 1999. <i>Working in Partnership: joint working between health and social services</i>. London: HMSO</p> <p>Department of Health. 2004. <i>Achieving timely 'simple' discharge from hospital: a toolkit for the multidisciplinary team</i>. London: Department of Health</p> <p>Duncan, A.S. and K. J. Moody. 2003. <i>Integrated Care Pathways in Mental Health Settings: and Occupational Therapy Perspective</i>. <i>British Journal of Occupational Therapy</i> 66(10): 473-479</p> <p>Finlay, L. 1997. <i>Groupwork in occupational therapy</i>. London: Chapman Hall.</p> <p>Gorman, P. 1998. <i>Managing Multidisciplinary Teams in the NHS</i>. London: Kogan Page.</p> <p>Hayes, N. 2002. <i>Managing teams: A strategy for success</i>. London: Thomson Learning</p> <p>Kemshall, H and R. Littlechild. 2000. <i>User involvement and participation in social care: research informing practice</i>. London: Jessica Kingsley.</p> <p>Kumar, S. 2000. Ed. <i>Multidisciplinary approach to rehabilitation</i>. Oxford: Butterworth- Heinemann.</p> <p>Martin, V. and A. Rogers. 2004. <i>Leading interprofessional teams in health and social care</i>. Abingdon: Routledge.</p> <p>Miller, C., Freeman, M., Ross, N. 2001 . <i>Interprofessional Practice in Health and Social Care</i>. London: Arnold</p> <p>Onyett, S. 1995. <i>Making Community Mental Health Teams Work</i>. London: Chapman Hall</p> <p>Ovretveit, J., Mathias, P., Thompson, T. (Eds). 1997. <i>Interprofessional working for Health and Social Care</i>. Basingstoke: Macmillan Press Ltd.</p> <p>Yalom, I. 2004. <i>The Theory and Practice of Group Psychotherapy (5<sup>th</sup> edition)</i>. New York: Basic Books.</p> <p>Whalley-Hammell, K, Carpenter, C., and Dyck, I. (Eds). 2000 <i>Using Qualitative Research: A Practical Introduction for Occupational and Physical Therapists</i>. London. Churchill Livingstone.</p> <p>Wilmot, S. 1995. Professional Values and Interprofessional Dialogue. <i>Journal of Interprofessional Care</i>. 9(3) 257-266</p>
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<b>Assessment tasks</b>	<p><u>Summative</u></p> <p>A multi-professional plan of intervention for a given case study both in the form of a 5,000 word assignment, and as a formal presentation lasting 50 minutes. Groups of 4-5 students will be given a problem derived from the field and provided by practice placement educators. The group will analyse the case study, develop a multi-professional plan of action, use evidence to support it, and critically analyse the team performance.</p> <p>The assignment will be summatively marked by tutors, and formatively marked by students and peers, to agreed criteria.</p>
<b>Brief description of module content and/or aims (maximum 80 words)</b>	<p>Effective teamwork is now central to quality care. Students are ready to deepen their insights into the role that occupational therapy plays within health and social care teams, and to consider multidisciplinary, interdisciplinary, and transdisciplinary team interaction models. High levels of skill are needed to safeguard special contributions, not become too multifaceted, but avoid protectionist practices. Through tackling real-life situations that pose problems for teamwork, students continue to advance knowledge in the core areas of occupation, while developing their teamwork procedures. Theories of group dynamics need to inform decision making, and systems and processes that support teamwork will become more familiar. Emphasis will also be placed on reaching proficiency more quickly within the students learning (PBL) teams, which are randomly reformed at the start of the new academic year.</p>
<b>External examiner</b>	Maggie Donovan-Hall and Anne Killett

<b>Module</b>	<b>Intermediate Practice 2</b>
<b>Code</b>	<b>Hem 57</b>
<b>Level</b>	3
<b>Credit rating</b>	Pass
<b>Pre-requisites</b>	Module Hem 54
<b>Type of module</b>	Practice Placement - 8 weeks
<b>Aims</b>	<p>-To support practice in all aspects of the occupational therapy process, with supervision.</p> <p>-To foster independent work and where possible use a collaborative approach.</p> <p>-Begin to work as an independent member of a multi-professional teams.</p> <p>-To provide a challenging environment with the professional supervision being used in a collegiate way.</p> <p>-To enable students to take personal responsibility for improving understanding in the skills and ability in the area of the placement.</p> <p>-To provide feedback on performance and critical comment on ability, in order to improve and develop professionally.</p> <p>-To encourage students to request observation of direct patient contact as a precursor to discussing professional strengths and weaknesses.</p> <p>-To foster learning of new skills through observation of treatment sessions by qualified staff both occupational therapists and other members of the multi-professional teams.</p> <p>-To provide advice and guidance in communication and interpersonal skills, to improve efficiency and effectiveness.</p>
<b>Learning outcomes/objectives</b>	<ul style="list-style-type: none"> <li>• Show detailed knowledge and understanding of key concepts by taking responsibility for the provision of occupational therapy prevention with a caseload of approximately ten normal referees and a caseload of 2-3 more complex cases.</li> <li>• Show an ability to accurately record every treatment in oral and written forms</li> <li>• Collate and apply information gathered from a number of sources and use this creatively as a basis for intervention</li> <li>• Show initiative and responsibility in coping with minimal occupational therapy supervision and contribute actively to the work of the multi-professional team</li> <li>• Demonstrate evidence of being able to think creatively and incorporate assumptions, abstract concepts and data in order to work in a holistic manner</li> <li>• Use past valued experience to base current judgments and check understanding and proposals with practice placement educator</li> <li>• Show an ability to communicate ideas, build relationships and develop creative liaison strategies for patient care with team members</li> <li>• Critically analyze work, evaluate intervention and team strategies as a basis for providing written or oral feedback to practice placement educator on potential care developments in a manner that demonstrates understanding of current theory as well as demonstrating detailed and coherent knowledge of all aspects.</li> <li>• Investigate evidence of practice carried out, identifying a range of potential solutions.</li> <li>• Critically link experience to theory showing systematic understanding of key aspects of the work, through reflection and descriptive discussion.</li> <li>• Critically evaluate the intervention and the educational experience showing evidence and understanding of current research and ability to consolidate experience.</li> <li>• Collaborate with other members of the learning team,</li> </ul>

	<p>professions to provide and develop innovative services.</p> <ul style="list-style-type: none"> <li>• Complete 2 case studies chosen by student and educator</li> </ul>
<b>Content</b>	To be determined by the nature of the practice placement setting and the learning opportunities offered to the student
<b>Teaching and learning strategies</b>	Having set initial objectives, you should be supervised by a practice placement educator but this does not mean that you have to be shadowed by an occupational therapist; liaison with the educator should be on an agreed basis. You may request to spend time observing the practice placement educator or other occupational therapists to learn new or reinforce existing skills and techniques. Problem-based work should be shared with the work team through a presentation.
<b>Learning support</b>	<p>Barlow, D. 2002 <i>Anxiety and its disorders : the nature and treatment of anxiety and panic</i>. New York : Guilford Press</p> <p>Boniface G. 2002. Understanding Reflective Practice in Occupational Therapy: <i>British Journal of Therapy and Rehab</i> 9 (8): 294-8</p> <p>College of Occupational Therapists. 2005. <i>Code of ethics and professional conduct for occupational therapists</i>. London: COT.</p> <p>Creek J. 2008. <i>Occupational Therapy and mental health</i>. Edinburgh: Churchill Livingstone</p> <p>Crouch, R. and V. Alers. 2004. <i>Occupational therapy in psychiatry and mental health</i>. London: Whurr</p> <p>Finlay, L. 1997. <i>Groupwork in Occupational Therapy</i>. Cheltenham: Stanley Thornes</p> <p>Finlay, L. 2000 The occupational therapy role: Meanings and motives in an uncertain world. <i>British Journal of Therapy and Rehabilitation</i>, 7 (3), 124 – 129.</p> <p>Finlay, L 2004 <i>The Practice of Psychosocial Occupational Therapy</i>. Cheltenham: Stanley Thornes</p> <p>Graham J. and S. Wealthall. 1999. Interdisciplinary education for the health professions: taking the risk for community gain. <i>Focus on Health Professional Education: A Multi-Disciplinary Journal</i>. 1(1)</p> <p>Johns C. (2002). <i>Guided Reflection: Advancing practice</i>. Oxford: Blackwell Publishers</p> <p>McKay, EA (ed) 1999. <i>Thinking and Reasoning in Therapy: Narratives from Practice</i>. Cheltenham: Stanley Thornes</p> <p>Ovretveit, J (ed) 1997. <i>Interprofessional working for health and social care</i>. Blackwell Scientific, Oxford</p> <p>Ross, J. 2008. <i>Occupational Therapy and Vocational Rehabilitation</i>. Chichester: Wiley Blackwell.</p> <p>Royal College of Physicians. 2004. <i>National clinical guidelines for stroke / prepared by the Intercollegiate Stroke Working Party</i> London : Clinical Effectiveness &amp; Evaluation Unit, Royal College of Physicians</p> <p>Seedhouse, D. 2001. <i>Health : the foundations for achievement</i> Chichester: Wiley,</p> <p>Taylor, C. 2007. <i>Evidence Based Practice for Occupational</i></p>

	<p><i>Therapists</i>. Chichester: Wiley Blackwell.</p> <p>Watts, F.N. and D. Bennett. (Eds). 1999. <i>Theory and Practice of Psychiatric Rehabilitation</i>. New York: Wiley</p>
<b>Assessment tasks</b>	<p><b>Summative</b>  You will be assessed by your practice placement educator(s) against the competency statements for the module. The areas in which you will be assessed are: safe practice; occupational therapy professional standards, behaviour and ethics; client centred practice, occupational therapy process; integration of theory and practice; reflective practice; professional relationships; communication skills; organisational skills; use of supervision. You must achieve a satisfactory (pass) grade at 'intermediate practice 2' level.</p> <p><b>Formative</b>  Case Study  Implication of Pass or Fail  A pass ensures that the student is recognised as being proficient at intermediate level 2. Failure to achieve this grade means that the placement has to be repeated during the next practice placement slot (normally module 10) and will lengthen the course by 8 weeks. Failure at the second attempt requires the student to withdraw from training. The last practice placement module 10, will be deferred until after the successful completion of the repeated Module 8 and will therefore occur after the end of University based study.</p>
<b>Brief description of module content and/or aims (maximum 80 words)</b>	<p>This first placement of the second year is intended to support students in their demonstration of 'mid course proficient' standard, that is, they should be able to grasp situations quickly, form effective empathetic relationships with service-users, identify constraints to a person's occupational performance, and be able to respond effectively using a widening range of therapeutic media. Students will not always have the depth of knowledge or range of skills required in a specialist area, but they will be able to use a problem-based approach to new situations, to develop their understanding in that domain of practice. Particular emphasis will be placed on students' effectiveness within the team, reinforcing the work of the previous module.</p>
<b>External examiner</b>	Maggie Donovan-Hall and Anne Killett

<b>Module</b>	<b>Comments/notes</b>
Title	<b>Occupational Therapy: Service Users</b>
Code	<b>HEM 58</b>
Level	M
Credit rating	20
Pre-requisites	A minimum of 80% attendance of HEM56
Type of module	Eight week taught module
Aims	<ul style="list-style-type: none"> <li>-To cultivate a true client-centred approach to consumers.</li> <li>-To facilitate an analysis of client-centred therapy, through recent literature and through client-centred occupational therapy assessment instruments.</li> <li>-To foster a belief in empowering service users.</li> <li>-To nourish a willingness to learn about occupational form, function and meaning from service-users themselves.</li> <li>-To increase technical competence in adapting occupations to unique needs.</li> <li>-To develop critical reflection upon the effects of human culture, and the multicultural society, on human occupation.</li> <li>-To hone clinical reasoning, decision making and problem-solving skills, involving service-users.</li> <li>-To continue growth in students' conceptions of human occupation and occupational science.</li> <li>-To prepare students for applying for occupational therapy posts on qualification.</li> </ul>
Learning outcomes/objectives	<p>Students will be able to:</p> <ul style="list-style-type: none"> <li>• Show extended knowledge and critical evaluation of arguments through the use of a social conception of disability to justify a client centred approach to occupational therapy</li> <li>• Through initiative and personal responsibility plan active collaboration with service-users during the whole occupational therapy process</li> <li>• Through systematic understanding of key aspect of theory choose and use assessment tools and models of practice that support the client centred approach</li> <li>• Critically analyse and evaluate cultural issues and show sensitivity and awareness to variation in language, needs, beliefs, custom, diet and lifestyle</li> <li>• Creatively modify occupations according to cultural habits.</li> <li>• Show the ability needed to undertake further appropriate training of a professional or equivalent nature by applying for basic grade OT posts</li> </ul>
Content	<p>A 34 year old Irish mother of two children with an HIV positive diagnosis combined with a diagnosis of HIV encephalopathy and Hepatitis C.</p> <p>A four year old girl from Jamaica is referred after experiencing developmental and social problems at school.</p> <p>A 29-year-old Bangladeshi man who has been admitted to a medium secure unit, on an index offence, who complains of frequently being bored and not knowing what to do with his time.</p> <p>A presentation of an advertisement with an application pack from a local trust for a position within a basic grade rotation.</p> <p><b>Theory of occupation:</b> Volitional subsystem (effects of personal causation, values, and interests in choosing occupations); Habituation subsystem; function of occupations</p>

	<p>to warn, protect and reward; sensory pleasure of occupations, self-efficacy. Canadian Model of Human Occupation, Occupational Science.</p> <p><b>Human subsystems.</b> Active nature of learning, the role of prior knowledge; immune system; HIV, Alzheimer's Disease; theories of learning, memory, neurology, biologic need for creative self-expression; schizophrenia, human hands-bilateralism, dominant and supportive roles; binocular vision; ; culture; social psychology and personality theory in terms of behaviour regulation and change.</p> <p><b>Environmental factors:</b> effects of environment on skill; criminality; institutional living; Mental Health Acts; Disability Acts; Humanism; Client-centeredness; politics of disablement, drug culture.</p> <p><b>Therapeutic skills:</b> Validation therapy, reality orientation, and reminiscence activities; creative activities, bi-lateral handling; open questioning, interviewing, activity analysis.</p> <p><b>Key Skills:</b> Choice and adaptation of an activity to take into account the service users' perspectives, lifestyle, capabilities, age, gender, culture and environment.</p> <p>Verbal justification of an occupational therapy treatment plan with chosen activity adapted to take into account the service users' perspectives, lifestyle, capabilities, age, gender, culture and environment.</p>
Teaching and learning strategies	Usual format of campus studies, large group and small sessions. Students are encouraged to develop activity analysis and synthesis through undertaking activities in small groups. Skills options are linked as much as possible with case studies used in small group work.
Learning support	<p>To include indicative reading, computer packages, field trips, skills options, fixed resource sessions, OT assessment packages, etc</p> <p>Barker. P. and P. Buchanan-Barker. 2004. <i>Spirituality and mental health breakthrough</i>. London : Whurr,</p> <p>Catz, S.L., J.A. Kelly, L.M. Bogart, E.G. Benotsch and T.M. McAuliffe. 2000. Patterns, Correlates and Barriers to Medication Adherence among persons prescribed new treatments for HIV Disease. <i>Health Psychology</i>. 19 (2) 124 - 133.</p> <p>Chinouya, M. 2001. <i>HIV Prevention and African Communities Living in England. A Study of Challenges in Service Provision</i>. NAT</p> <p>Chinouya, M. and R. Reynolds. 2001. <i>HIV Prevention and African Communities Living in England. A Review of the Literature</i>. NAT</p> <p>Conroy, M. C. 1996. <i>Dementia care: keeping intact and in touch.: a search for occupational therapy interventions</i>. Aldershot : Avebury in association with CEDR</p> <p>Creswell, J.W. 2003. <i>Research Design: Qualitative, Quantitative and Mixed Methods Approaches</i>. London: Sage.</p> <p>Crouch. R, and V. Alers. 2004. <i>Occupational therapy in psychiatry and mental health</i>. London : Whurr,</p> <p>Dowling, J.R. 1995. <i>Keeping busy: a handbook of activities for persons with dementia</i>. London: Johns Hopkins University Press</p> <p>Finlay, L. 2004. <i>The practice of psychosocial occupational</i></p>

	<p><i>therapy</i>. (3rd ed). Cheltenham : Nelson Thornes</p> <p>Orchard. H. 2001. (ed) <i>Spirituality in health care contexts</i>. London : Jessica Kingsley</p> <p>Penso, D. E.2004. <i>Scissors skills</i>. London : Whurr</p> <p>Perrin, T. and H. May. 2000. <i>Wellbeing in dementia: an occupational approach for therapists and carer's</i>. Edinburgh: Churchill Livingstone.</p> <p>Rebeiro, K. 2000. Client perspective on occupational therapy practice. <i>Canadian Journal of Occupational Therapy</i>. 67(1) 7-14</p> <p>Swee Hong. C. and L. Howard. 2002. <i>Occupational therapy in childhood</i>. London : Whurr,</p> <p>Sumsion, T. 1999. <i>Client-centred practice in occupational therapy</i>. (Ed.) Edinburgh: Churchill Livingstone.</p> <p>Sumsion, T. and G. Smyth. 2000. Barriers to client-centredness and their resolution. <i>Canadian Journal of Occupational Therapy</i>, 67 (1) 15 – 21.</p> <p>Swinton. J. 2001. <i>Spirituality and mental health care: rediscovering a 'forgotten' dimension</i>. London: Kingsley</p> <p>Whalley-Hammell, K, Carpenter, C., and Dyck, I. (Eds). 2000 <i>Using Qualitative Research: A Practical Introduction for Occupational and Physical Therapists</i>. London. Churchill Livingstone.</p>
Assessment tasks	A viva based on one of four case studies to assess students ability to demonstrate clinical reasoning through verbal justification of an occupational therapy treatment plan and chosen activity adapted to take into account the service users' perspectives, lifestyle, capabilities, age, gender, culture and environment; showing evidence of effectiveness for such approaches.
Brief description of module content and/or aims (maximum 80 words)	The module aims to enable students to plan client centred intervention using five authentic problems from occupational therapy practice.
External examiner	Maggie Donovan-Hall and Anne Killett

<b>Module</b>	<b>Competent Student Practice</b>
<b>Code</b>	<b>HEM 59</b>
<b>Level</b>	3
<b>Credit rating</b>	Pass
<b>Pre-requisites</b>	Module HEM 57
<b>Type of module</b>	Practice Placement - 8 weeks
<b>Aims</b>	<p>- To provide experience of different styles of management, working perhaps without continual occupational therapy support</p> <p>-To give the final opportunity to student and practice educator to identify any weaknesses or difficulties, strengths positive attributes, relating to autonomous practice.</p> <p>-To identify the occupational therapy element of patient care, to use resources as appropriate.</p> <p>-For students to know their own limitations and be able to convey this to the approved educator.</p> <p>-Occupational therapist to be seen as learning facilitators, providing regular opportunities for casework</p> <p>-To cultivate professional-level discussion when students present alternative models of occupational therapy and methods of resolution.</p>
<b>Learning outcomes/objectives</b>	<p>Students will:</p> <ul style="list-style-type: none"> <li>• Take responsibility, showing a level of autonomy and a systematic understanding of key aspects when approaching that of a basic grade therapist, for implementing occupational therapy with a number of patients/clients (Approximately 10-15) and discuss the management of these during supervision.</li> <li>• Contribute as a productive, independent, motivated and organised member of the team.</li> <li>• Justify comprehensive understanding of therapeutic actions through sustainable arguments which are in the forefront of occupational theories</li> <li>• Support other team members through the appropriate sharing of skills, knowledge and values.</li> <li>• Actively seek the help and guidance of other team members, using their experience and comprehensive knowledge to augment students' understanding of the problems and services</li> <li>• Actively collaborate with service users during the whole occupational therapy process utilising their expert knowledge.</li> <li>• Respect and accept each service-user's occupational life-style, but actively educate about potential risk factors, for the sake of improved health</li> <li>• Demonstrate, in the case of a non-traditional occupational therapy setting, how occupational therapy can complement existing services and expand the range of resources offered using abstract concepts and data and critical evaluation.</li> <li>• Provide occupational therapy intervention utilising consolidated skills and application of knowledge learned throughout the course and on previous practice placement experiences</li> <li>• Identify their own strengths and weaknesses as a basis for planning, either formally or informally, continuing professional education and the development of interests.</li> </ul>
<b>Learning outcomes/objectives</b>	<ul style="list-style-type: none"> <li>• Demonstrate, in practical ways and through formal and informal discussion, the effectiveness of occupational therapy.</li> <li>• Identify their own strengths and weaknesses as a basis for planning, either formally or informally, continuing professional education and the development of interests.</li> <li>• Provide teaching sessions to practice placement colleagues, where appropriate.</li> </ul>

<p><b>Content</b></p>	<p>To be determined by the nature of the practice placement setting and the learning opportunities offered to the student</p> <p>Students choose this placement in negotiation with their personal tutor to ensure that they exit the course having experienced a wide variety of placements. Students who have previously failed a practice placement will be required to work closely with the Practice Placement Tutor and/or their personal tutor to agree a suitable placement. A suitable placement must include only organizing placements that are within the region to ensure that practice placement educators are familiar with the course and that if the student does experience any difficulty on the placement, tutors will be available to visit. Students who have not failed a previous placement may be able to arrange this placement in a role emerging setting within the UK where the practice educator is not an occupational therapist, or in an overseas setting in which educators may not be familiar with the course or occupational therapy in the UK. They may only do so if they have met the HPC's Standards of Proficiency by the completion of HEM57.</p> <p>Models of supervision may include indirect and collaborative supervision as well as direct supervision. If the practice educator is not a qualified occupational therapist the student must receive occupational therapy supervision elsewhere. It will, however, comply with College of Occupational Therapist <i>Standards for Education: Pre Registration Education Standards.2003</i>. London: COT.</p>
<p><b>Teaching and learning strategies</b></p>	<p>Having set initial objectives, you should be supervised by a practice placement educator but this does not mean that you have to be shadowed by an occupational therapist; liaison with the educator should be on an agreed basis. You may request to spend time observing the practice placement educator or other occupational therapists to learn new or reinforce existing skills and techniques. Problem-based work should be shared with the work team through a presentation.</p>
<p><b>Learning support</b></p>	<p>Barlow, D. 2002. <i>Anxiety and its disorders : the nature and treatment of anxiety and panic</i> New York : Guilford Press</p> <p>Beagan, B. and Z. Kumas-Tan. 2005. Witnessing Spirituality in Practice. <i>British Journal of Occupational Therapy</i>. 68(1): 17-24</p> <p>Boniface G. (2002) Understanding Reflective Practice in Occupational Therapy. <i>British Journal of Therapy and Rehabilitation</i>. 9(8): 294-8</p> <p>College of Occupational Therapists. 2005. <i>Code of ethics and professional conduct for occupational therapists</i>. London: COT.</p> <p>Creek J. 2008. <i>Occupational Therapy and mental health</i>. Edinburgh: Churchill Livingston</p> <p>Creek J and Lawson Porter A. 2007. <i>Contemporary Issues in Occupational Therapy. Reasoning and reflection</i>. Chichester: Wiley Blackwell.</p> <p>Crouch, R. 2005. <i>Occupational therapy in psychiatry and mental health</i>. London : Whurr</p> <p>Finlay, L. 1997. <i>Groupwork in Occupational Therapy</i>. Cheltenham: Stanley Thornes</p> <p>Finlay, L. 2000. The occupational therapy role: Meanings and motives in an uncertain world. <i>British Journal of Therapy and Rehabilitation</i>. 7 (3): 124 – 129.</p> <p>Finlay, L. 2004. <i>The Practice of Psychosocial Occupational Therapy</i>.</p>

	<p>Cheltenham: Stanley Thornes</p> <p>Grieve, J and Grianasekaran, L. 2008. <i>Neuropsychology for Occupational Therapists: Cognition in Occupational Performance</i>. Chichester: Wiley Blackwell</p> <p>Johns, C. 2002. <i>Guided Reflection: Advancing practice</i>. Oxford: Blackwell Publishers</p> <p>Law, M. (ed). 1998. <i>Client-Centred Occupational Therapy</i>. Thorofare: Slack</p> <p>McKay, E.A. (ed) 1999. <i>Thinking and Reasoning in Therapy: Narratives from Practice</i>. Cheltenham: Stanley Thornes</p> <p>Ovretveit, J (ed) 1997. <i>Interprofessional working for health and social care</i>. Oxford: Blackwell Scientific</p> <p>Ryan, S.E. (ed) .1993.<i>Practice issues in Occupational Therapy: Interprofessional Team Building</i>. Thorofare NJ: Slack</p> <p>Royal College of Physicians. 2004. <i>National clinical guidelines for stroke / prepared by the Intercollegiate Stroke Working Party</i> London : Clinical Effectiveness &amp; Evaluation Unit, Royal College of Physicians</p> <p>Watts, F.N., &amp; Bennett, D. (Eds). 1999. <i>Theory and Practice of Psychiatric Rehabilitation</i>. New York: Wiley</p> <p>Students use other literature according to their area of practice.</p>
<p><b>Assessment tasks</b></p>	<p><b>Formative assessment:</b> A full case study, with evidence for interventions, safe and ethical practice, analysis of outcomes, and recommendations, which should be presented to a small audience of colleagues</p> <p>You will be assessed by your practice placement educator(s) against the competency statements for the module. The areas in which you will be assessed are: safe practice; occupational therapy professional standards, behaviour and ethics; client centred practice, occupational therapy process; integration of theory and practice; reflective practice; professional relationships; communication skills; organisational skills; use of supervision. You must achieve a satisfactory (pass) grade at 'competent practice' level.</p> <p>Implication of Pass or Fail</p> <p>A pass means that the student has satisfactorily completed all practice placements. Failure on this practice requires that the placement is repeated after the completion of University based units and will lengthen the course by 8 weeks.</p>
<p><b>Brief description of module content and/or aims (maximum 80 words)</b></p>	<p>This final practice placement allows students to experience independence, while at the same time having access to a practice educator for professional support and guidance. At this stage students are expected to be independent thinkers, planners, initiators and organisers. It is acknowledged that students still have a lot to learn, but having reached this stage they should be almost safe to practice, be able to function without continual direct occupational therapy support, be effective and efficient and be able to take control of their own learning needs with the ability to negotiate learning resources. In short, it is an opportunity to face real world demands and test out professional skills within a safe environment.</p>
<p><b>External examiner</b></p>	<p>Maggie Donovan-Hall and Anne Killett</p>

<b>Module 11</b>	<b>Comments/notes</b>
<b>Title</b>	<b>Occupational Therapy: Settings</b>
<b>Code</b>	<b>HEM 60</b>
<b>Level</b>	M
<b>Credit rating</b>	20
<b>Pre-requisites</b>	A minimum of 80% attendance of HEM58
<b>Type of module</b>	Intensive over 8 weeks
<b>Aims</b>	<ul style="list-style-type: none"> <li>• To deepen knowledge about the environmental influences on human occupation (through time, place, culture).</li> <li>• To advance comprehension of the powerful effect that the physical and sociocultural environment has on the service-user, the task, and the therapist.</li> <li>• To review common work settings for occupational therapists, evaluating present roles and functions.</li> <li>• To foster thinking about innovative settings, using theories of occupational performance to justify the change from institutional to community settings.</li> <li>• To widen concepts about appropriate locations for therapy, being mindful of possible future roles in public health and health promotion.</li> <li>• To prepare students for their role as occupational therapists where they will be expected to manage service developments within their work setting.</li> </ul>
<b>Learning outcomes/objectives</b>	<p>The student will be able to:</p> <ul style="list-style-type: none"> <li>• Demonstrate self direction and originality in proposing ways in which the environment can be utilised to facilitate successful therapy</li> <li>• Act autonomously in planning and implementing tasks at a professional level.</li> <li>• Critically appraise ways of facilitating a healthy therapeutic environment</li> <li>• Critically evaluate and analyse ways in which management theory can enhance the development of occupational therapy services ( leadership styles, management strategies, budgeting etc)</li> <li>• Write a detailed plan , applying their knowledge together with practical understanding of techniques applicable to their own research ,for a service development in a specific setting e.g.: individual or group work that incorporates a critical evaluation of the evidence base</li> </ul>

<p><b>Content</b></p>	<p>Therapists are invited to contribute to 'On Your Marks', the COT publication for newly qualified therapists, to expand the horizons of areas of work, to show the new areas, the roles, theoretical justification and implications.</p> <p>Occupational therapists decide to make a presentation to the local PCG, outlining the evidence for their vital contribution to community rehabilitation.</p> <p>An occupational therapist is invited to advise a hospice/nursing home on the occupational needs of its clientele.</p> <p>A child at a local village school falls well behind in studies, seems clumsy.</p> <p>A therapist setting up in work based practice (post office, department store, etc) plans a self-promotional brochure.</p> <p>A unit for persons with limb paralysis due to trauma plans a new multidisciplinary building, including rooms for occupational therapy.</p> <p>A new nursing home is being built, for older people with a variety of needs including Visual impairment. Advice is sought from your occupational therapy team.</p> <p>Indicative content</p> <p>Theory of occupation: environmental 'press' and 'afford'; complementary/individual influences; the role of culture on occupational form; humans need for natural environments; negative effects of urban living; occupational alienation;</p> <p>Human subsystems: effects of age on occupational participation, visual impairment, immunology Cancer, hand-eye co-ordination, dyspraxia, the spine, Paraplegia and quadriplegia, spirituality, death of self,</p> <p>Environment: occupational behaviour settings: home, neighbourhood, school, workplace, gathering sites, recreational sites; social environments- effects on group forming, occupational form; statementing; models of management within the current health and social care arena</p> <p>Therapeutic skills: counselling; designing environments that promote occupational performance;</p> <p>Key skills: managing change, resource planning, marketing skills, organisational structure and culture, brochure content and design, poster and verbal presentations,</p>
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<b>Teaching and learning strategies</b>	<p>PBL tutorials and other classes are in the usual format, but there are more student-controlled – tutor less groups. You should aim to explore different settings in the first week, and plan this to meet some of your remaining learning needs. In the subsequent weeks the problems are based in a variety of settings. You will have some pre-arranged fixed resource settings, and some protected time to work in small independent groups to reason through choices for a service development in each service. The key is to use the skills and knowledge within the group, and the invited speakers who come along and share their experiences. You may also decide to arrange yourselves to visit chosen settings in appropriately sized groups. The fixed resource sessions are pre-arranged for practical reasons. By the end of this process you will have identified your remaining personal learning needs for module 12: Achieving Best Practice</p>
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<p><b>Learning support</b></p>	<p>Baggot, R. 1998. Health and health care in Britain. 2nd Edition. Basingstoke: Macmillan Press.</p> <p>Butterworth, T., J. Faugier and P. Burnard, eds. 1998. Clinical supervision and mentorship in nursing. Cheltenham: Stanley Thorne.</p> <p>Cooper, J., ed. 1997. Occupational therapy in oncology and palliative care. London: Whurr.</p> <p>Creswell, J.W. 2003. Research Design: Qualitative, Quantitative and Mixed Methods Approaches. London: Sage.</p> <p>Cutcliffe, J.R. 2001. Fundamental themes in clinical supervision. London: Routledge</p> <p>Department of Health. 2000. Meeting the challenge: A strategy for the allied health professions. London: HMSO.</p> <p>Department of Health. 2000. Modernising health and social services, national priorities guidance. 2000/02 – 2002/03. London: DOH.</p> <p>Department of Health. 2000. Modernising regulation – The new health professions council. London: HMSO.</p> <p>Department of Health. 2000. The NHS plan. London: HMSO.</p> <p>Department of Health. 2002. Delivering the NHS plan. London: HMSO.</p> <p>Druker, P. F. 1997. Managing in a Time of Great Change. Oxford: Butterworth Heinemann.</p> <p>Hill, M. 2000. Understanding social policy. Oxford: Blackwell.</p> <p>Jones, B. 1998. Redefining work: setting directions for the future. Journal of Occupational Science 5(3): 127-132.</p> <p>Kronenberg, F., S.S. Algado and N. Pollard. 2004. (Eds). Occupational Therapy without borders: learning from the spirit of survivors. Edinburgh: Elsevier.</p> <p>Mandelstam, M. 1999. Community care practice and the law. London: Jessica Kingsley.</p> <p>Mobsby, I. 1996. Occupational therapy in a world of changing needs. British Journal of Occupational Therapy, 59(12), 560.</p> <p>Watson, R. and L. Swartz. 2004. (Eds). Transformation through occupation. London: Whurr.</p> <p>Whalley-Hammell, K, Carpenter, C., and Dyck, I. (Eds). 2000 Using Qualitative Research: A Practical Introduction for Occupational and Physical Therapists. London. Churchill Livingstone.</p>
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<b>Assessment tasks</b>	<p>Summative</p> <p>Title: Plan for a service development in occupational therapy</p> <p>A detailed plan justified by the occupational needs of particular service users, for a service development e.g. individual or group work. The setting in which the service development is planned could be a previous practice placement. The cohort will set the criterion, by which the assignment will be judged, but it must include the rationale for the service, a critical evaluation of the evidence base for the service and a justification of the management approach used to implement the plan (4000 words).</p>
<b>Brief description of module content and/or aims (maximum 80 words)</b>	<p>Having just completed a placement in the setting of your choice, it is anticipated that you are ready to reflect on the issue of 'occupational place'. There are many environmental influences on occupational behaviour, and therapists need awareness of the part the setting plays, both in the community and within any occupational therapy session. For instance, a sense of occupational alienation stems from environments that restrict the attainment of self-actualisation. Or, the validity of assessing a person's cooking skills depends on whether the activity takes place in the home or hospital kitchen. Perhaps it is recognition of this that is prompting the widening of settings in which occupational therapists now work. A deeper appreciation of the effect of the physical and social geography on occupational life is even more significant now that the profession's domains are rapidly increasing. Therapists are reaching out to person's 'natural habitats'; work with homeless persons may take place in the street where they live. Opportunities for occupational therapists in the community are increasing, just as the number of traditional occupational therapy jobs may be decreasing.</p> <p>Since service developments in any setting need to be managed skilfully if you are to be successful, you also need to review module 7 and your knowledge of management processes during this module.</p>
<b>External examiner</b>	Maggie Donovan-Hall and Anne Killett

<b>Module 12</b>	<b>Comments/notes</b>
<b>Title</b>	<b>Achieving Best Practice</b>
<b>Code</b>	<b>HEM 61</b>
<b>Level</b>	M
<b>Credit rating</b>	10
<b>Pre-requisites</b>	Minimum 80% attendance of HEM60
<b>Type of module</b>	Intensive 5 week module
<b>Aims</b>	<ul style="list-style-type: none"> <li>• To reflect on and critically evaluate learning from the whole educational programme.</li> <li>• To manage self-identified learning needs autonomously, in preparation for the world of work.</li> <li>• To gain awareness of current problems and new insights within occupational therapy.</li> <li>• To hone Quality Assurance and Monitoring Processes at the personal level, to practice effectively and efficiently.</li> <li>• To critique relevant government policies (eg NSF and NICE guidelines) to consider their value to the persons referred and to the occupational needs of the community.</li> <li>• To evaluate and reinforce management theory and skills.</li> </ul>
<b>Learning outcomes/objectives</b>	<p>Students will draw up their own objectives, to show they are able to:</p> <ul style="list-style-type: none"> <li>• Show systematic understanding and knowledge of occupational therapy values and beliefs, legal and ethical responsibilities, human and medical sciences cultural issues.</li> <li>• Creatively plan to manage client involvement in quality care plans</li> <li>• Demonstrate critical awareness of the effectiveness of the quality assurance and monitoring processes</li> <li>• Show initiative and creativity when planning personal development following graduation, through presentation of a Personal Progress File.</li> <li>• Judge the obstacles to implementing clinical guidelines.</li> <li>• Evaluate the health and social care process in terms of individual needs and organisational effectiveness.</li> <li>• Critically appraise current Government policies and demonstrate their relevance to occupational therapy practice.</li> <li>• Manage official publications, via the internet and hand-searching, including both policy and research.</li> <li>• Interpret the quality of research papers, and create a hierarchy of evidence for interventions in the intended workplace.</li> <li>• Show autonomous use of databases and information technology in management</li> </ul>
<b>Content</b>	<p>As directed by the students themselves, but might include:</p> <p><b>Environmental factors:</b> levels of evidence, outcome measures, rigorous audit; benchmarking, quality assurance tools; social care policies and EC guidelines.</p> <p><b>Management:</b> use of standards and clinical guidelines; appraisal/performance review; staff mix/grade mix, case mix; cost effectiveness, efficiency and effectiveness of individuals, groups, organisations; performance indicators; audit, support systems, performance review and representation; budgets and general resource management.</p> <p><b>Skills:</b> use ethical considerations within management strategies and quality monitoring. Apply knowledge of research methods to judge publications. Support change of practice in the workplace.</p>

<p><b>Teaching and learning strategies</b></p>	<p>This module is largely self-directed and self-managed, to ease the transition into work. Students will revise their own learning contract in preparation for practice, having identifying their own needs at this point in the programme. Independently they will work on their plan to personally achieve best practice in their first position. No PBL 'problems' will be presented, but seminars and debates will be held and outside speakers invited to provoke. Peers will form small support groups of their choice. Their personal tutor will agree the learning contract and discuss progress.</p>
<p><b>Learning support</b></p>	<p><i>British Journal of Occupational Therapy</i>.1997. Special Edition on Evidence-based Practice. 60(11) 469-511.</p> <p>College of Occupational Therapists Research and Development Group. 1998. <i>Nature of Evidence Series</i></p> <p>College of Occupational Therapists 2002. Position Statement on Lifelong Learning.</p> <p>Department of Health. 1997. <i>Better Services for Vulnerable People</i>. London Department of Health.</p> <p>Jasper, M. 2006 Professional development, reflection and decision-making. Oxford : Blackwell</p> <p>Johns, C 2000. Becoming a reflective practitioner. Oxford: Blackwell Science.</p> <p>National Service Frameworks. DOH 1998-2005 (National Service Framework for long term conditions. 2004; NSF for Mental Health 1999; Older People 2001) DOH.</p> <p>Palfrey C, Phillips C and Thomas P. 2004. <i>Effective healthcare management: and evaluative approach</i>. Oxford: Blackwell.</p> <p>Sale, D. 2000. <i>Quality Assurance: a pathway to excellence</i>. Basingstoke: Macmillan</p> <p><a href="http://www.hpc-uk.org/">http://www.hpc-uk.org/</a>  <a href="http://www.COT.co.uk/">http://www.COT.co.uk/</a></p>

<p><b>Assessment tasks</b></p>	<p><b>Formative</b> The learning contract (objectives, study plan, evidence of achievement). A Personal Development Portfolio. This large portfolio will be constructed throughout the programme. This may be electronic or paper based. The process should involve more than academic experiences and include work experience, practice placements, vacation and extra curricular experiences. This will be discussed with your personal tutor.</p> <p><b>Summative</b> A 2000 word report to show plans to achieve best standards of practice during the graduate's first appointment. This report will be in 2 sections and will demonstrate understanding of the HPC's standards of proficiency (2007) married to the setting.</p> <p><b>Section 1</b> Explains the job they plan to do, this will include:</p> <ul style="list-style-type: none"> <li>• Critiqued assessment methods appropriate to the setting;</li> <li>• Judged evidence base for appropriate therapeutic occupations in the setting, and taking account of policies, legislation and National Service Frameworks to be applied to the setting;</li> <li>• Evaluation and outcome measures to be used, quality care plans for judging effectiveness, efficiency and acceptability of service.</li> <li>• Summary of knowledge/concepts needed to work with persons in the setting;</li> </ul> <p><b>Section 2</b> Explains how learning experiences they have had support their professional development and will benefit their clients. One reflective piece should be written for each of the following areas:</p> <ul style="list-style-type: none"> <li>• Professional Autonomy and accountability, including reflections on skill development needs and requirements for safe and ethical practice;</li> <li>• Professional relationships, including team work, person-centred practice and supervision plans;</li> <li>• Plans for CPD and self maintenance.</li> </ul> <p>The report will be in a form that can be added to during the following years of employment</p>
<p><b>Brief description of module content and/or aims (maximum 80 words)</b></p>	<p>The understanding of and skills in managing one's own practice, within the wider arena, are refined during this last module in preparation for work. Personal responsibility for implementing Clinical Governance is expected; chosen interventions must reflect the evidence of their effectiveness according to a literature search. This requires an ability not only to demonstrate and systematically appraise the evidence and value of the research, on which interventions are based, but to manage the change process within the workplace to ensure that effective, efficient and acceptable practice is achieved.</p> <p>Cognisance of the changing cultures within the different settings is also required if occupational therapists are to play an important role in public health. Conditions within human societies, particularly in Europe, which impact on peoples' occupational life, need to be fully acknowledged by the course participants.</p> <p>These important strands of occupational therapy have been developing throughout the programme. This accumulation of knowledge, understanding and use should result in synthesis and critical reflection. They need to demonstrate committed to the notion of life-long learning, and continuing post-registration professional activities.</p>
<p><b>External examiner</b></p>	<p>Maggie Donovan-Hall and Anne Killett</p>

<b>Module 13</b>	<b>Comments/notes</b>
<b>Title</b>	<b>The Research project</b>
<b>Code</b>	<b>Hem 99</b>
<b>Level</b>	M
<b>Credit rating</b>	60
<b>Pre-requisites</b>	Modules Hem 50 –Hem 61
<b>Type of module</b>	Full time over 1 year
<b>Aims</b>	<ul style="list-style-type: none"> <li>• To advance the art and science of occupational science or evaluating occupational therapy through research.</li> <li>• To increase proficiency in the ethical implementation of a research project.</li> <li>• To improve skills in designing research appropriate to the research question or hypothesis, and in choosing the tools to match the design.</li> </ul> <p>To facilitate the refinement of the scientific writing skills and the critical appraisal of research findings required for report writing and dissemination of results.</p>
<b>Learning outcomes/objectives</b>	<p>By the end of the module students will be able to:</p> <ul style="list-style-type: none"> <li>• Plan a research project utilizing all their knowledge of current research and be able to critically evaluate theoretical information as well as using this in their practical application in establishing the project.</li> <li>• Conduct a literature review critically and with insight into what is applicable to justify their proposal</li> <li>• Write a research proposal using an evaluative and critical approach and having an awareness of techniques specific to their discipline, and proposal.</li> <li>• Write the proposal showing critical awareness of current problems including ethical considerations etc relevant to their research</li> <li>• Design a relevant piece of research using as a methodology applicable to the question or hypothesis showing knowledge and conceptual understanding of what is required.</li> <li>• Critically evaluate the findings, interpret the results, articulate the implications for the professional and identify further research question. All with a systematic understanding of the knowledge gained and a critical awareness of topical subjects relevant to the profession.</li> <li>• Write a paper for publication with an extended literature review showing how established techniques of research and enquiry are used to create and interpret knowledge in the discipline, or a systematic review, or conduct research by design.</li> </ul>
<b>Content</b>	<p><b>Theory of occupation:</b> as indicated by the research topic, to be included in the justification of the research, and in the interpretation and implication of the results.</p> <p><b>Research skills:</b> The development of research understanding and skills cumulates and elaborates throughout all modules, including the first. They are the focus of module 6, when you prepare your research proposal (research design; choice of appropriate data collection methods; display of data (results); discussion, writing for publication).</p>

<p><b>Teaching and learning strategies</b></p>	<p>The research process and project is integrated within the whole course, although the final planning and implementation takes place in parallel with the other second year modules. You are expected to be independent, largely self-directed, with support from supervisors who will be allocated according to field of interest and experience, during module 6. Some group supervision sessions will be held where you can learn from each-others progress. Two, two-week periods are available during the second year to focus on and develop the project, including the final write-up period, to reduce interference from other assignments and practice placements.</p> <p>Time: 60 credit points requires approximately 600 hours work towards the assessment. Each of the applicable 7 campus module has at least 64 hours in excess to requirements for the credit points awarded for that module (a total of 448 hours); in addition, 2 weeks have made available (80 hours) at the end of the programme for the writing of the dissertation.</p>
<p><b>Learning support</b></p>	<p><i>Review also the Hem 55 READING LIST.</i></p> <p><i>American Journal of Occupational Therapy</i> 1998. Special Issue on Occupation-Centred Research. <i>American Journal of Occupational Therapy</i> 52(6).</p> <p>Benner, P (Ed.) 1994 <i>Interpretive Phenomenology: embodiment, caring and ethics in health and illness</i>. London: Sage Publications</p> <p>Clark-Carter, D. 2004. <i>Quantitative Psychological Research: A Student's Handbook</i>. Hove: Psychology Press.</p> <p>Coolican, H. 2004. <i>Research methods and statistics in psychology</i>. London: Hodder and Staughton.</p> <p>Cortazzi, M 1993 <i>Narrative Analysis</i>. London: Falmer Press</p> <p>Creswell, J.W. 2003. <i>Research Design: Qualitative, Quantitative and Mixed Methods Approaches</i>. London: Sage.</p> <p>Denzin, N.K. and Y.S. Lincoln. 2003. (Eds). <i>Collecting and interpreting qualitative materials</i>. London: Thousand Oaks.</p> <p>Denscombe, M 2003 (2<sup>nd</sup> Edition) <i>The Good Research Guide: for small scale social research projects</i>. Maidenhead: OU Press</p> <p>Finlay, L and B. Gough. 2003. <i>Reflexivity: a practical guide for researchers in health and social sciences</i>. Oxford: Blackwell Science.</p> <p>Green, J. and N. Thorogood. 2004. <i>Qualitative methods for health research</i>. London: Sage.</p> <p>Grbich, C. 1999. <i>Qualitative Research In Health</i>. London: Sage</p> <p>Howitt, D and Cramer D 2000 <i>First Steps in Research and Statistics: A practical workbook for psychology students</i>. London: Routledge.</p> <p>Jenkins, S. 1998. <i>The researching therapist: a practical guide to planning performing and communicating research</i>. New York: Churchill Livingstone.</p> <p>Krefting, L 1990 Rigor in qualitative research: The assessment of trustworthiness. <i>American Journal of Occupational Therapy</i> 54(3).214-222.</p>

	<p>Oppenheim, A.N. 1992 <i>Questionnaire Design, Interviewing and Attitude Measurement</i> Pinter Publishers, London and New York</p> <p>Silverman, D. 2005. <i>Doing Qualitative Research: a practical Handbook</i>. London: Sage.</p> <p>Strauss, A and Corbin, J 1998 <i>Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory</i>, 2<sup>nd</sup> Edition. London: Sage.</p> <p>Taylor, C. 1999. <i>Evidence-based Practice for Occupational Therapists</i>. Blackwell Science (UK); ISBN: 0632051779</p> <p>Whalley-Hammell, K, Carpenter, C., and Dyck, I. (Eds). 2000 <i>Using Qualitative Research: A Practical Introduction for Occupational and Physical Therapists</i>. London. Churchill Livingstone.</p> <p><a href="http://www.doh.gov.uk/research/rd1/researchgovernance/researchgovindex.htm">http://www.doh.gov.uk/research/rd1/researchgovernance/researchgovindex.htm</a></p> <p>University of Brighton on-line literature search facilities. Referencing software package. Statistical software packages. Occupational Therapy and related Journals.</p>
<b>Assessment tasks</b>	<p>Summative:</p> <p>A 5,000 word research paper suitable for publication in an academic journal, plus an extended literature and critical review (5,000 words). The paper must include an abstract, introduction, a comprehensive literature review, fully justified research design and methodology, results exposition, discussion (including interpretation of the findings, implications for the profession), a critique of the methodology, research questions evoked by this enquiry, reflection of the research process, and conclusion.</p> <p>Or, a systematic review of data collected by others</p> <p>Or, a Research by Design, 15,000 words fully justified research project suitable for submission for post-Masters study.</p> <p>The assignment is completed and handed in after the submission of modules HEM 60 and 61.</p>
<b>Brief description of module content and/or aims (maximum 80 words)</b>	<p>The therapists of tomorrow need to show the efficacy of their interventions, and need to be able to carry out small research projects within their work setting. The profession also requires a deeper understanding of the processes through which occupations are linked to health, both negatively and positively. The essence of the research project at master's level is to advance your skills in research design and methodology. This module builds on the skills you bring from your first degree, and provides the opportunity for you to manage an in-depth project of special interest throughout the second year. The focus of this scholarly work is human occupation, either basic or applied. Topics may emerge from school staffs' own research, or from the division's collaborations with therapy theorists of international repute, practice educators and occupational therapy</p>
<b>External examiner</b>	Maggie Donovan-Hall and Anne Killett

## Cumulative development of skills for the research project:

### Year One

HEM 50 Human Occupation	HEM 51 Assessment	HEM 52 Novice Practice	HEM 53 Maximising occupational capacities	HEM 54 Intermediate practice	HEM 55 Evaluating Therapeutic Occupations
Identify possible research domains in occupational therapy	Study outcome measures, categorise data  Literature reviewing skills	Observe outcome measures and interventions in the field	Study types of intervention, seeking evidence of effectiveness.	Find evidence for one assessment/ therapy used within the practice placement. Choose research area.	Elaborate research design and analysis skills.  <u>Present research protocol.</u>

### Year Two

HEM 56 Teams	HEM 57 Intermediate Practice 2	HEM 58 Service Users	HEM 59 Competent Student Practice	HEM 60 Settings	HEM 61 Achieving Best Practice
Apply to School Ethics Panel.	May collect data	May collect data (continue literature review)	Begin analysis	Complete discussion	<u>Hand in completed project 2 weeks after completion of module.</u>

## Skills Options

### Therapeutic Occupations

Occupations can be agents for therapy, but this requires skill. The study of occupational therapy skills that have potential as therapeutic and/or assessment tools is in keeping with the profession's return-to-roots movement. The course team believes that the very nature of occupations demands that they are experienced, not just discussed. The philosophy of encouraging more frequent participation in creative and productive occupations will infiltrate the course as a whole; you will be encouraged within your life in general to foster reflection and analysis of the effect of this on your own occupational balance.

Occupations are intimately linked with the current problem being tackled at any time. The lead tutor aims to facilitate theoretical analysis of the effects of participation, and evaluation of an activity's potential as an assessment tool or therapeutic agent. A major purpose is to enable you to experience the effects of participation in occupation, from subjective and objective viewpoints. When *Flow* is experienced this will be discussed. Sessions have a rigorous theoretical component, in the domains of subjective affect of participating, analysis of occupational form, function and meaning, flow theory and adaptation / modification to meet service users' individual skill level, culture, age, gender, or sexual orientation. Exploration of cultural issues and equal opportunities will be an essential component of the learning

In total you will undertake five skill options. Four during campus HEM 51, 53, 58 and 60 and an independent skills option in HEM 56.

## Resources:

- Time: One afternoon a week, for six weeks: 18 hours in total.
- Facilitator: A tutor with relevant skills and experience will facilitate the group-work.
- Place: Suitable space will be organised in advance. In some cases designated skills rooms will be used.
- Additional resources will be sought out in partnership with the tutor.

## Content

Fundamentally the aim of each skill option is for you to experience activity, to reflect on the process as an individual and consider the potential use of specific activities in practice. Hopefully you will learn your limits, but feel confident enough to select some activities as intervention in your fieldwork practice. In addition to this you will have the opportunity to practice one of the CORE SKILLS of occupational therapy – activity analysis, and discuss your progress with your PBL tutor and personal tutor.

## SECTION 3

INTRODUCTION TO PROFESSIONAL  
PRACTICE PLACEMENT EDUCATION

## SECTION 4

THE ORGANISATION OF PROFESSIONAL  
PRACTICE PLACEMENTS

### **3. Introduction to Professional Practice Placement Education**

#### **3.1 Rationale for Professional Practice Placement Education**

Central to all learning strategies is the need for students to understand the theory-practice link. Professional Practice Placement Education has a number of purposes but is important to motivate and provoke learning, and to test and try out a variety of skills learned in University. Professional actions reflect the concepts held by the professional. Placements are therefore integral; assessments are based competency-based with well-defined criteria which evolve over the two year programme.

The pattern of placement experiences enables students to obtain breadth and depth of experience. The 32 weeks of placements in five blocks, placements give students 1,115 hours **which is in excess of the World Federation of Occupational therapists' requirements of 1000** hours. The excess, which results partly from the streamlining of the modular structure, is considered advantageous in terms of valuing the impact of placements, and reducing problems if students miss some time due to illness at any point; there is some flexibility in the system which might avoid needing to arrange additional placement time.

#### **3.2 The Role and Responsibilities of the Professional Practice Placement Tutor in the University**

It is the responsibility of the University Placement Tutor to organise aspects of the course related to Professional Practice Placement education. These include:

1. Arranging placements through liaison with Placement Co-ordinators.
2. Liaison with students in order to organise placements, and to ensure that every student has a balance of experience, as well as fulfilling the requirement to have at least 1,000 hours of placements.
3. Preparing students for their placements and supporting them through the experience.
4. Preparing and supporting Placement Educators through liaison and through the organisation of study days and courses.
5. Ensure that students will normally be supervised and assessed by a state registered occupational therapist with at least one year's experience (COT Standards for Education 2003, P3.2)
6. Ensure that practice educators have attended appropriate courses about education and reflection upon practice, and continue to engage in professional development (COT Standards for Education 2003, P3.3)
7. Ensure that practice educators who are not registered occupational therapists demonstrate appropriate experience with the client group and sufficient understanding of occupational therapy and education to be able to facilitate the student in meeting the learning outcomes for the placement (COT Standards for Education 2003, P3.3)
8. Ensure that mechanisms are in place to monitor safe, effective, ethical, equitable, and anti-discriminatory practice through the application of the best available evidence, adherence to national practice and service standards, and compliance with the Code of Ethics and Professional Conduct for Occupational Therapists (COT 2005), and the Statement of Good Character, Conduct and Health (HPC 2002) (COT Standards for Education 2003, P3.3)
9. Liaison with the Course Team on issues relating to placements.
10. Monitoring of the quality of Professional Practice Placement Education.

### **3.3 The Role and Responsibilities of the Practice Placement Co-ordinator**

This may vary according to the organisation for which the co-ordinator works (usually a trust or Social Services Department), but usually includes:

1. Liaison with Placement Educators and potential Placement Educators in order to obtain placements.
2. Support for the Placement Educators and distribution of information from the university to them.
3. Liaison with the university Placement Tutor regarding the organisation of placements.
4. Support of students on placement.
5. Ensure that the learning facilities and resources available are up to date, appropriate and demonstrate that the placement is in an organisation committed to lifelong learning (COT Standards for Education 2003, P3.1), and that the operational policy for caseload management **gives due consideration to the practice educator's responsibility for Pre-registration occupational therapy education** (COT Standards for Education 2003, P3.2)
6. The network of support available for the practice placement educator/s is detailed in the practice resource file. This includes the responsibilities of, the relationship between, and the contact details for, the practice co-ordinator based on the service if relevant, and the professional placement co-ordinator from the Higher Education Institution (COT Standards for Education 2003, P3.2)
7. Ensure that practice placement educators offer appropriate models of supervision. These may include role emerging with a long arm style of supervision, collaborative with one practice placement educator working with two or more students, or when the placement is split between practice placement educators, settings or sectors (COT Standards for Education 2003, P3.4)
8. Ensure that practice placement educators have sufficient time to provide regular supervision, including formative and summative assessment (COT Standards for Education 2003, P3.4)

### **3.4 The Role and Responsibilities of the Placement Educator**

The role of the Placement Educator is to facilitate the student's experience on placement. This will include:

1. Liaison with the Placement Co-ordinator and the Placement Tutor (and for the final placement with the student) and colleagues in the organisation of the placement.
2. Sending information to the student before the placement including recommended reading, and practicalities such as time of arrival on the first day, dress code.
3. Organisation of an induction programme, to introduce the student to the unit, and informing the student of who will deputise for the placement educator should he or she be unable to carry out the responsibilities for any reason.
4. **Design of a programme of the student's activities each week.**
5. Discussion of the aims of the placement with the student.
6. Giving the student regular feedback on their strengths and areas to develop, and the completion of the assessment form together with the student.
7. The allocation of regular supervision time to the student as well as informal supervision as required.
8. Education of the student using clinical reasoning and Problem-Based Learning.
9. Contact with the Placement Tutor (or any other of the university based tutors) in the event of a problem arising with the placement, or with the student.

### **3.5 The Role and Responsibilities of the Student**

Students should be active in the education process. Their responsibilities include the following:

1. Liaise with the Placement Tutor in the allocation and organisation of placements, ensuring that they have a balance of experience.
2. Contact the Placement Educator at least one month before the placement to introduce themselves, and ask for any relevant information. Where possible, do this by email.
3. Be active during supervision, formulating their own placement aims, and evaluating their own progress.
4. Be responsible for their own education, asking appropriate questions, and seeking the answers to the questions with guidance from the placement educator.
5. Contact the placement educator in case of sickness. When sickness lasts for more than three days obtain a medical certificate which should be sent to the university with a copy for the Placement Educator.
6. Contact a member of the university team as early as possible if a difficulty arises which cannot be resolved by the Placement Educator.
7. Complete the assessment form together with the Placement Educator and ensure that it is returned to the university as soon as possible after the placement.
8. Organisation of the final placement liaising with the Placement Tutor or Personal Tutor to ensure a balance of placement experience. (i.e. physical, mental health, community, hospital and elderly, Students should normally complete 2 physical and 2 mental health placements.) This placement may be away from Britain, but the student will not be reimbursed for expenses. If the Placement Educator is not an occupational therapist, additional supervision will have to be negotiated with a suitable person.
9. An integrative approach to theory, research and practice is evident, for example in the student's learning agreement, portfolio of learning experiences and assessments (COT Standards for Education 2003, P4.3)

## **4 The Organisation of Professional Practice Placements**

### **4.1 The Allocation of Placements**

- Every student needs to have a range of placements, where possible, gaining experience of working with a range of people of all ages, from different socio-economic and cultural perspectives, with recently acquired and long-standing occupational needs, and with health conditions that affect different aspects of physical and psychosocial functioning (COT Standards for Education 2003, P2.3). Normally at least one of these placements will be with the elderly, as this has been considered to be an important part of the basic education of students by occupational therapists.
- Students should also, where possible, have experience of a range of environments, such as primary, secondary, tertiary and community care, existing and emerging services, public, voluntary, commercial and private sectors, inner city, urban, and rural communities, and within interprofessional and inter-agency working (COT Standards for Education 2003, P2.4)
- Whilst the placement tutor will take into consideration issues such as travelling time, family commitments, carer responsibilities, a placement close to home cannot always be guaranteed. Students will need to remain flexible in relation to placement allocation.
- Approximately two months before the start date of a placement the Placement Tutor will present the students with a list of the available placements, and students will be asked to make their choices in order of preference with reasons (this is with the exception of the first placement, HEM 50, which is arranged in advance of the students starting the course, and HEM 59 which is

arranged by the students themselves). The final distribution of the placements is made in consultation with the students.

- The Placement Tutor will write a letter of confirmation to the Placement Co-ordinator, and will send them a copy of the assessment form and the Professional Practice Placement Handbook. Students will write to the Placement Educator in advance of the placement, with a copy to the Placement Co-ordinator.

## **4.2 Progression**

Students are expected to act as observers, participants and active learners in all five placements and will be assessed according to five developmental levels: Beginning Practitioner, Novice Practitioner, Intermediate Practice I, Intermediate Practice II, and Competent Student Practice. These terms are all described in the Placement Modules. All the placements are at level 3, or undergraduate level.

## **4.3 Accommodation**

All students will have to do at least some of their placements away from their university base as we do not have enough placements to satisfy all the students locally. During allocation the Tutor will try to give every student a fair range of experiences. Placement accommodation is very variable in price and quality. Students will be reimbursed for their placement accommodation if it is in the United Kingdom. Details for claiming are given in 5.3.

## **4.4 Study**

Students should be given on half day per week of study during the placement irrespective of the stage of education. The hours taken during this study period should be counted towards the final placement hours. Study may be taken as a whole day every 2 weeks, this is at the discretion of the placement educator.

## **4.5 Sick Leave**

Follow the guidelines on sickness according to the placement setting. Inform the University if the student has more than 3 days absence.

## **4.6 Absence from Placement**

Students are only given permission from absence from their placement for special circumstances. These include job interviews, and personal reasons which would be regarded as compassionate leave. Students are reminded that they are required to attend a minimum of 80% of their placement in order to meet the learning objectives and pass the placement. Students are not allowed to cumulate study time for the purpose of absence and are only permitted with negotiation with their educator to cumulate a Maximum of 1 day study leave every fortnight. Certain placement structures may permit a different arrangement but this occurs only in negotiation with the placement provider and the university.

## **4.7 Crisis Procedure**

This procedure was designed to take care of the very unusual situation of a crisis arising for the student during the placement, such as an accident, where urgent action needed to be taken. A copy of the Crisis form can be found in the appendix. The responsibilities of the student, the placement educator and the university staff are as follows:

### **Student**

If you are able:

1. Always contact your medical practitioner/call ambulance first when necessary.
2. Contact yourself, or ask someone to telephone on your behalf, either the Occupational Therapy Administration Office (Tel. 01273 643774), or the University Occupational Therapy tutors on the out-of-hours numbers, or your placement educator.

Your placement educator or the Occupational Therapy staff at the University may take action on your

behalf, if the situation requires it.

### **Placement Educator**

1. If the student contacts you in a state of medical distress, contact their medical practitioner or call an ambulance.
2. Contact the University and liaise regarding what needs to be done and who is in the best position to take ongoing action.
3. If an emergency occurs out of office hours and you are unable to contact University staff, responsibility is delegated to you to act in whatever way you consider appropriate. You may need to contact the next of kin.

### **University Staff**

We will always respond immediately to an emergency situation and will endeavour to visit within four hours. Teaching commitments will be cancelled if necessary, to allow the crisis to be dealt with.

If contacted by Placement staff:

1. Liaise regarding what needs to be done and by whom (eg. ensure that the next of kin is contacted).
2. Make arrangements to visit.

If contacted by student while on placement:

1. Inform placement educator.
2. **Take action on student's behalf if necessary.**
3. Make arrangements to visit.

## SECTION 5

# RULES AND PROCEDURES FOR PROFESSIONAL PRACTICE PLACEMENT EDUCATION

## 5 Rules and Regulations pertaining to Placements

### 5.1 General Regulations

Students on this course are bound to comply with three sets of requirements:

- The University of Brighton's general regulations.
- The College of Occupational Therapists' Professional Code of Conduct.
- Individual professional practice placement's regulations, during placement education.

All students receive a copy of the University of Brighton Student Handbook, in which the student regulations and disciplinary procedures are defined, particularly in respect of the general rules and regulations and school and course regulations.

### 5.2 Regulations on Placement

Students on placement education must inform their placement educator, according to the local regulations, if they are absent for any reason. Absences should be recorded on the student's assessment form. Placement educators should provide written guidelines for students.

When appropriate, students are required to observe professional dress regulations when in contact with patients. Placement educators should provide written details on regulations pertaining to dress.

### 5.3 Professional Misconduct and Professional Unsuitability

On this course, which includes professional practice placements and which leads to a professional qualification and eligibility to register with the Health Professions Council, students are required to conduct themselves in accordance with norms of behaviour acceptable to the University, the relevant professional body and Health Professions Council's Standards of Proficiency (2003).

The University is currently working towards devising a Professional Suitability Policy and Panel that will serve the needs of the School of Health Professions, the Institute of Nursing and Midwifery and the Brighton and Sussex Medical School. In the interim we are using the following policy.

In accordance with the College of Occupational Therapists Guidelines on Regulations and Procedures for Occupational Therapy Pre-Registration Courses (March 1993), the following examples of behaviour may be deemed to be evidence of unprofessional behaviour or professional misconduct:

- Conduct that could bring into disrepute the profession of occupational therapy and its allied professions and/or is prejudicial to the best interests of service users;
- Theft, deliberate falsification of facts or records, as in lying, cheating, fraud or attempting to defame colleagues and/or service user;
- Breaches of confidentiality, misuse of confidential material relating to a service user;
- Assault and violent behaviour, or serious acts of insubordination;
- Conduct that demonstrates inappropriate emotional involvement with a service user;
- Serious negligence which causes unacceptable loss, damage, or puts staff or visitors at risk;
- Misuse of equipment or materials or deliberate damage to the educational setting or the practice placement;
- Incapacity for work due to alcohol or the influence of illegal drugs;

Allegations against a student of professional misconduct or professional unsuitability shall be made in writing to the Head of School and shall be dealt with in accordance with the University's Student Disciplinary Procedures (2004).

The Vice Chancellor may be asked at any time exclude a student from further study:

1. Who is deemed to be acting in a manner which jeopardises the welfare of another (whether

service user, student or staff) or who contravenes the relevant professional code of conduct i.e. professional misconduct

Or

2. Whose behaviour is deemed to be incompatible with that required by the profession i.e. professional unsuitability

The University may at any time preclude from further study any student:

- (a) who is deemed to be acting in a manner which jeopardises the welfare of the subject (whether patient, pupil or client) or which contravenes the relevant professional code of conduct i.e. professional misconduct  
or
- (b) whose behaviour is deemed to be incompatible with that required by the profession i.e. professional unsuitability

#### **5.4 Travel and Accommodation costs incurred whilst on placement**

Only students in receipt of a full NHS Student Grant are eligible to claim for travel and accommodation costs within the United Kingdom. Full information concerning the way to claim will be given to students as they start the course.

For placements within the UK, students on a bursary may claim for their travelling expenses.

**Accommodation will be reimbursed up to the cost of the student's permanent accommodation whilst on the course.** Claim forms should be returned to the Placement Administrative Assistant who will check the form before sending it off to the NHS Students Grant Unit.

#### **5.5 Student insurance whilst on placement**

##### **Liability**

Students need to join the professional body (BAOT) to be covered for liability up to the sum of £2,000,000. Alternatively proof must be given that adequate insurance is in place. They should also be covered by the placement provider. Liability cover may vary for overseas placements. Students are advised to check before undertaking such placements. At present Canada and USA do not provide cover.

##### **Accidents to property**

The University will cover the student for any accidents which he/ she causes whilst in the University or on placement.

##### **Accidents to self**

The University will cover injury to self on university property if it is found to be responsible. Similarly, the trust or other organisation providing the placement should cover the student for injury if they are found to be negligent.

These conditions hold for placements abroad, apart from Canada and the United States of America where extra insurance cover is required.

##### **Use of Car on Placement**

The University requires that each student checks that they have the appropriate level of car insurance in their policy to meet any car use requirements on placement. Students are advised that they should not transport clients in their own vehicle.

## SECTION 6

### LEARNING & TEACHING ON PROFESSIONAL PRACTICE PLACEMENTS

## SECTION 7

### ASSESSMENT OF PROFESSIONAL PRACTICE PLACEMENTS

## SECTION 8

### PLACEMENT MODULES

## 6 Learning and Teaching on Placement

### 6.1 Learning and Teaching Strategies

To achieve the aims of the programme, the educational experiences of students must be cognitively and effectively demanding; their previous education indicates that these students are ready to develop autonomy in learning, to prepare them fully for life-long learning.

### 6.2 Self-Directed Learning

The philosophy of self directed learning recognises that with some guidance, adult learners should be able to take responsibility for their own learning. Indeed, the more active they are in determining their own needs and learning goals, the more effective their learning is likely to be. An overall goal is to **exercise the student's capacity to think and discover during the process of acquiring knowledge.**

### 6.3 Problem Based Learning

Introduction:

An internationally recognised and researched model of PBL is adopted at the university wherein tutors play a large role in encouraging, guiding and challenging learning. The tutorial is the heart of the learning experience, around which other learning opportunities as appropriate to each problem **radiate. In this way, all topics are integrated and concepts should expand like a 'growing web'**. Real-life occupational issues are taken from the field, in collaboration with practice placement colleagues, and formed into problems, graded to the stage of learning.

To assist educators in their development of the student and to incorporate Problem Based Learning into the placement setting the PBL process that takes place within the university is outlined below

Tutorial 1:

Students are actively encouraged to engage with an issue by discussing their reactions to it; what they think the problem is about, the possible causes, and reasons for those ideas. Through this process prior learning is deliberately activated, and knowledge brought **to the case is valued. The group's ideas** are recorded by a student scribe onto a large board. The group notes what is already known about the person/situation, and ask questions regarding further information they require which will help identify the occupational problem. This further information is provided, after justification, from a case file, which is a source of further information for the group. The group then returns to the discussion of the problem, and may speculate about possible collaboration with the client, to alleviate the situation. During the discussions, it will become apparent that the groups knowledge is insufficient to solve the problem; and questions for further learning are identified. Personally meaningful learning objectives are identified for this problem, and the action to be taken is decided. This may include identification of resources, and questions for large-group sessions or options. These tasks are divided amongst the group, and individuals disperse.

Tutorial 2:

The group members report back on their new-found knowledge, derived from self-directed study and the other class meetings (large group sessions, skills practice). This becomes a discussion, NOT a series of mini-lectures. Concept maps may be drawn, the tutor and peers challenge the explanations, **contest and elaborate other students' contributions. Participants return to notes taken at tutorial 1, and evaluate how differently they think now. Students constantly appraise the adequacy of the group's** knowledge construction. One week problems end here. During two week problems further knowledge objectives become apparent; in particular at this point, deeper scientific explanations may be needed for the phenomenon. Often the pathological process initially chosen by the students for study needs to more fully explained in terms of human systems (e.g. neurology) or sciences (e.g. anatomy, psychology). Theories of occupation may be investigated too at this point. Resources are also evaluated and related to the level of the evidence of the information. A further round of questions for self-directed study and tutorial help is identified.

### Tutorial 3:

Another meeting where learning is shared and information is evaluated for usefulness to the situation. More explicit explanations are required within and between the diverse subjects. Later in the tutorial, **learning objectives relating to the 'product' of that case (an interview plan, a house modification) are formed and these learning goals including the role of the occupational therapist are once again distributed amongst the group.**

### Tutorial 4:

During this final meeting the group prepares their action plan for management of the problem. This **might be in the form of interview questions for the first assessment of the client's occupational need, the justified selection of an outcome measure to assess change, or a plan for participation in suitable occupations which could modify the problem.** The action plan has to be justified in light of current research and student's new comprehension. Each person then evaluates his/her contribution to the **group's progress with this case. During the final hour, the groups present their plans, sometimes within their group, and sometimes between groups in order to be questioned and challenged by the other group.**

## **PBL and Professional Practice Placements**

PBL is used in Professional Practice Placements as well as in the University. A student selects a person referred, or an issue identified on the placement. The PBL process is used but without group work unless there are several students on the placement. The placement educator acts as the tutor, facilitating the problem-solving process, and the student discusses new understanding with him/her. One tutorial per week is appropriate. This might be incorporated within the weekly supervision session, or it may be as a briefer stand-alone session.

### **Selection of Problems**

- Illustrate interesting occupational phenomena or important occupational problems.
- Should be able to be managed, or solved, both practically and by using theoretical reasoning.
- Should enhance the ability to suggest new solutions and ask new questions.
- Should stimulate participants to propose creative ideas.

## **6.4 Learning Contracts**

Learning contracts are a means of managing self-directed learning, and can also be used for self-assessment. In accordance with COT (2003) they must be utilised during the supervision process. (See appendix)

## **6.5 Supervision**

During the placement students are expected to receive both formal and informal supervision from the placement educators. Formal supervision should take place on a regular basis for one hour a week (COT 2003). **This allows the student the opportunity to reflect on issues arising from the week's work, question the clinical reasoning of the educator, and to receive feedback on their progress.** In keeping with the philosophy of the course, students should be required to identify their learning needs, to set their own aims and objectives, and to evaluate their own performance in conjunction with the placement educator. The university requires a supervision log to be kept during the placement (See appendix)

## **6.6 Reflective Practice**

Students are encouraged to be reflective practitioners. A diary of placement experiences may facilitate this aim by allowing students to reflect on its contents, for example during supervision on the placement, or later in the University based components of the course.

## 6.7 Case Studies

During professional practice placements students are required to prepare case studies in order to deepen understanding about the clients they have seen. These case studies are not marked by the University tutors, but the placement educator may wish to read them and make comments for the **student's benefit**. **The content of the case studies** should be related to the developmental level of the placement, and the structure can be negotiated between the student and the placement educator. A suggested structure would be: reason for referral to occupational therapy, relevant history, social situation, assessments used, results of assessments, aims of intervention, intervention carried out, other professionals and services involved, and evaluation. Case studies **MUST** be signed by the practice educator for accuracy and CONFIDENTIALITY.

## 6.8 Visits by University Tutors

Whilst on placement the students normally receive one visit from a member of the course team and are encouraged to contact their personal or subject tutors if they have need for support in the interim periods (usually no visit is made for Modules 1 and 10). Usually the visiting tutor will interview the student and the Educator separately. The visit has several purposes:

- **Support for the student and Placement Educator, if required.**
- **To assist in the resolution of any problems which may have arisen, if required.**
- **To give the student an opportunity to reflect on his/ her learning and achievements.**
- **To get an interim report from the Educator on the student's progress**
- **To become more familiar with the placement and the facilities for learning.**
- **To find out if either the student or the Educator have any suggestions for improvement in the way in which the course is delivered.**
- **To evaluate the quality of the learning experience for the student.**

The visiting tutor completes a **'Report on Placement Visit'** form, which can be found in the appendix.

## 6.9 Bridging the Theory-Practice Divide

Placement educators have contributed to the design and content of this course and will continue to contribute to the delivery, not only in placements but in the University, by, for example, being involved in student selection, teaching, running workshops, being part of symposia, and having representatives on the Course Board, which monitors the course.

## 7 The Assessment of Professional Practice Placements

### 7.1 Informal Assessment

Placement Educators are encouraged to continually give students feedback on their performance, emphasising both their strengths as well as the areas to develop. In this way students will learn more effectively from their experiences, become more skilled at self-assessment, and should not become overly anxious about their final assessment.

### 7.2 Formal Assessment

A statement will be completed by the placement educator at the end of each placement, identifying if the student has either passed or failed. Students must achieve a satisfactory standard (pass) in all placement assessments. Failure to complete the placement (ie failure to achieve the necessary hours) or an unsatisfactory report will require the student to repeat the placement, or to make up the required hours, during the next planned placement. Apart from the first practice placement which is formative, this will have a knock-on effect and will lengthen the course for that particular student.

The assessment form requires the student to self assess, as the course wishes to produce students who are aware of their own abilities and limitations. It is expected that as the course progresses, the marks and comments made by both the student and the placement educator would become more similar, **reflecting the student's increasing ability to use self assessment.**

A list of competency statements has been formulated so that both the student and the Placement Educator may check performance levels for the **particular module, therefore ensuring that the student's** level of competency matches that of the stage of education. However in most cases, the Placement Educator will have an intuitive feeling as to whether or not the student is performing at the required level of competence.

In the event that a student is not meeting the required level of competency and there is cause for concern, the Placement Educator is advised to address this issue with the student as soon as possible. In the event that the student still does not respond in a satisfactory way, the Placement educator is advised to contact the Placement Tutor, another member of the staff team at the University of Brighton. The Placement Tutor or a fellow tutor will arrange to visit both Placement educator and student as soon as is possible.

Similarly, if the student is dissatisfied with any aspect of the placement he/she is advised to address this issue with the Placement educator in the first instance. Again, if the problem is not satisfactorily resolved the student is advised to contact the Placement Tutor or another member of the staff team as soon as possible, and they will arrange a visit if required.

The assessment is a gradual process linked to supervision. During supervision it is expected that student strengths and areas that need developing are discussed. Supervision is expected to occur informally as well as formal weekly supervision. A supervision log is enclosed in the appendix section of the handbook. The university requires this to be filled in and signed by educator and student and forwarded with the final assessment.

A halfway report will be required and this will provide both the student and educator with a record of the **student's progress and prepare them for the final report**, usually a copy of the final format is used for this purpose. The halfway report does not need to be sent to the University as the final report determines the overall assessment of the placement.

The final report may be prepared by student and placement educator either together or separately. Both student and placement educator are provided with copies of the assessment form so a spare copy is provided for this purpose, however, only one form should be returned to the Placement Tutor at the University of Brighton. This may be done by either the student or the educator, and it would be appreciated if the assessment could be returned to the University as soon as possible after the end of the placement.

It is suggested that both the student and the placement educator retain photocopies of the assessment form for future reference.

### **7.3 Assessment Regulations**

Students who fail any summative Practice Placement Assessment must repeat that period of placement on which they are reassessed. Students who fail the repeated placement are normally required to leave the course. The arrangement for repeating placements is indicated in each of the modules. Students who fail three separate Practice Placement Modules on the first attempt will normally be considered to be professionally unsuitable and will be required to leave the course.

Normally, students will be responsible for organising their final placement after having negotiated with their personal tutor where their learning needs lie in order that they receive a variety of practice placement experience. Students who have previously failed a practice placement or who have been referred in two or more assignments will normally be required to take their final placement in the South Thames area in order that they and the practice placement educators may receive any necessary support from the University.

### **7.4 Criteria for Pass and Fail**

In order to pass a placement the student must achieve all the competencies for the relevant module. If the student does not achieve one or more of the competencies for the relevant module they have failed the placement.

### **7.5 Validity and Reliability**

**Validity of placement assessments is addressed as far as is possible by placement educators' involvement in the discussion and design of the assessment forms and by the constant monitoring and evaluation of the assessment process during the course. Reliability and consistency will be an ongoing issue and is addressed by placement educators' study days at the University, and during placement visits by university tutors.**

MASTER OF SCIENCE IN HEALTH THROUGH OCCUPATION

**ASSESSMENT OF PROFESSIONAL PRACTICE PLACEMENT**  
**MODULE**

Name of Student:

Name and address of Placement Setting:

Type of experience:

Date of Placement:

to:

I confirm that ....., student on the MSc Health through Occupation Course has completed ..... hours of supervised professional practice in the above placement setting, with ..... days absence.

The student's performance has been assessed against the University of Brighton's criteria established for the stage of education as detailed in the Professional Practice Educators' Manual and a **Pass** **Fail**   has been awarded for this placement.

The grounds on which this decision has been made are as follows:

Practice Educator's Signature:

Date  
:

Practice Educator's Name:  
(Please print)

	EDUCATOR'S COMMENTS OF STUDENT'S ABILITY	PASS/ FAIL
SAFE PRACTICE		
OCCUPATIONAL THERAPY PROFESSIONAL STANDARDS BEHAVIOUR & ETHICS		
CLIENT CENTRED PRACTICE		
OCCUPATIONAL THERAPY PROCESS		
INTERGRATION OF THEORY AND PRACTICE		
REFLECTIVE PRACTICE		
PROFESSIONAL RELATIONSHIPS		
COMMUNICATION SKILLS		
ORGANISATIONAL SKILLS		
USE OF SUPERVISION		

	STUDENT'S COMMENTS OF STUDENT'S ABILITY	Pass/ Fail
SAFE PRACTICE		
OCCUPATIONAL THERAPY PROFESSIONAL STANDARDS BEHAVIOUR & ETHICS		
CLIENT CENTRED PRACTICE		
OCCUPATIONAL THERAPY PROCESS		
INTERGRATION OF THEORY AND PRACTICE		
REFLECTIVE PRACTICE		
PROFESSIONAL RELATIONSHIPS		
COMMUNICATION SKILLS		
ORGANISATIONAL SKILLS		
USE OF SUPERVISION		

**Student:**

I have identified my strengths as:

Areas to be developed are:

Additional comments:

Student's Signature:

Date:

**Educator's comments about the student's placement (including student strengths and areas for development):**

Practice Educator's Signature:

Date:

### **Placement Competency Statements**

	<b>GENERAL STATEMENTS</b>
SAFE PRACTICE	The student is safe to practice in relation to both the stage of training and to the particular placement environment
OCCUPATIONAL THERAPY PROFESSIONAL STANDARDS, BEHAVIOUR AND ETHICS	The student behaves in a manner expected of an Occupational Therapist, both in terms of personal and professional standards. He/she observes the Code of Conduct.
CLIENT CENTERED PRACTICE	The student allows the client to guide his/her care. The optimum working relationship is achieved.
OCCUPATIONAL THERAPY PROCESS	The student understands and follows the normal Occupational Therapy process of assessment through to evaluation.
INTEGRATION OF THEORY AND PRACTICE	Is the student able to use and apply academic work to placement situations – the analysis of a dysfunctional problem, and the selection of interventions with knowledge of basic human and applied sciences. He /she has the ability to grade and adapt the activity taking into account the specific needs of the client and support recommendations for a particular individual with appropriate frames of reference
REFLECTIVE PRACTICE	The student is able to reflect on his/her therapeutic abilities. The reflection can be used to modify attitudes and behaviour to improve practice, to determine educational needs and highlight areas for research.
PROFESSIONAL RELATIONSHIPS	The student is able to form Professional relationships with other health and social care professionals.
COMMUNICATION SKILLS	The student is able to select and use different forms of communication appropriate to the setting.
ORGANISATIONAL SKILLS	The student is able to organise him/herself both personally and in a professional setting. He/she prepares adequately.
USE OF SUPERVISION	The student makes full use of supervision, and takes more responsibility for this as education progresses.

	<b>HEM 50 COMPETENCY STATEMENTS BEGINNING PRACTICE</b>
SAFE PRACTICE	The student will demonstrate awareness of issues pertaining to safe practice and should identify which rules and guidelines guide the interventions appropriate to that specific placement. The student is safe to assist the therapist with certain aspects of patient care (as defined by the placement).
OCCUPATIONAL THERAPY PROFESSIONAL STANDARDS, BEHAVIOUR & ETHICS	The student will observe the professional code of the college of Occupational Therapist. This remains constant throughout the training.
CLIENT CENTERED PRACTICE	The student will discuss the dynamics of the client/therapist relationship and the philosophy of client centered practice. Student communicates and is able to 'establish rapport'.
OCCUPATIONAL THERAPY PROCESS	Student will discuss with the placement educator the Occupational Therapy Process from assessment through to evaluation having observed elements of the process during the placement.
INTEGRATION OF THEORY & PRACTICE	Student shows the ability to identify the knowledge he/she requires to justify Occupational Therapy.
REFLECTIVE PRACTICE	Student will discuss some of the factors which might affect a client's programme of care. Student able to reflect on Occupational Therapists' input to client care, with prompts from Placement educator.
PROFESSIONAL RELATIONSHIPS	Student will discuss with the educator the different types of relationship that Occupational Therapists experience during work (eg relatives, patients, other health staff). Student aware of group dynamics (and multi-Disciplinary Team).
COMMUNICATION SKILLS	Student will discuss different types of communication eg verbal, non-verbal, written etc. Able to discuss (informally) information with Placement educator, and demonstrate empathy with clients.
ORGANISATIONAL SKILLS	Student will discuss what organisational skills are needed in order to become an efficient Occupational Therapist. Student able to make effective use of time.
USE OF SUPERVISION	Student understands the concept and principles of supervision.

	<b>HEM 52 COMPETENCY STATEMENTS NOVICE PRACTICE</b>
SAFE PRACTICE	The standards defined in Module 1 remain applicable to the increasing caseload and complexity of problems. Student is safe to regularly assist with a small caseload (number is defined by placement eg 5-10 people).
OCCUPATIONAL THERAPY PROFESSIONAL STANDARDS, BEHAVIOUR & ETHICS	Student understands the need for professional standards, seeks these out and becomes familiar with them. Student will discuss implications with Placement Educator.
CLIENT CENTERED PRACTICE	The student will form a relationship with the client or engage him/her in a therapeutic activity in presence of supervisor. Student understands the therapeutic use of him/herself in relationship to patient care, ensuring and enabling the patient's involvement in the whole process of Occupational Therapy.
OCCUPATIONAL THERAPY PROCESS	Following discussions with the Placement Educator, the student will actively assist in the selection and implementation of different methods of assessment appropriate to the placement; he/she will assist with other elements of the Occupational Therapy process as directed.
INTEGRATION OF THEORY & PRACTICE	Through studying Occupational Therapy themes, the student will support the selection of Occupational Therapy models as the basis of planning intervention.
REFLECTIVE PRACTICE	Students use reflective practice to identify developmental needs and strengths and develop self knowledge.
PROFESSIONAL RELATIONSHIPS	Student will demonstrate an understanding of the role of the Multi-Disciplinary Team and his/her role within it.
COMMUNICATION SKILLS	Students will discuss appropriateness of communication in various situations and demonstrates ability to report formal information verbally to Placement Educator. Student able to discuss importance/need for active listening, and demonstrate this skill with clients.
ORGANISATIONAL SKILLS	Student will liaise with Placement Educator in order to organise his/herself so that he/she is able to carry out all activities planned on the timetable.
USE OF SUPERVISION	Student will begin to use supervision time appropriately including preparation of material for discussion

	<b>HEM 54 COMPETENCY STATEMENTS INTERMEDIATE PRACTITIONER 1</b>
SAFE PRACTICE	As Module 3. Student safe to manage all aspects of the Occupational Therapy process with regular supervision (as defined by placement).
OCCUPATIONAL THERAPY PROFESSIONAL STANDARDS, BEHAVIOUR & ETHICS	Student incorporates placement standards and professional ethics (without prompting) as an essential feature of service delivery.
CLIENT CENTERED PRACTICE	Student will form relationships with client and engage in activity with minimal assistance from Placement Educator. The student will discuss the values of the therapeutic relationship, what is, and the possible abuse thereof.
OCCUPATIONAL THERAPY PROCESS	Student will actively contribute to the selection and implementation of assessment methods and interventions according to patient needs and abilities and provide justification for this action: will assist with all other aspects of the Occupational Therapy process as directed.
INTEGRATION OF THEORY & PRACTICE	Student will identify the Occupational Therapy model being used and demonstrate application of basic human and applied sciences in relation to Occupational Therapy interventions.
REFLECTIVE PRACTICE	Student will reflect on service given in Occupational Therapy Department. Able to assess and improve own performance based on reflective practice.
PROFESSIONAL RELATIONSHIPS	Student will demonstrate the ability to form professional relationships adapting behaviour as appropriate.
COMMUNICATION SKILLS	Student will report both verbally, in formal Multi-Disciplinary Team Meetings and written, in Occupational Therapy notes. Student demonstrate active listening skills with both clients and staff.
ORGANISATIONAL SKILLS	Student demonstrates the ability to balance workload. He/she will make the necessary preparation before carrying out an efficient and effective intervention.
USE OF SUPERVISION	Student is able to develop the use of supervision to improve personal practice.

	<b>HEM 57 COMPETENCY STATEMENTS INTERMEDIATE PRACTITIONER 2</b>
SAFE PRACTICE	As Module 8. Student is safe to take responsibility for patient care with indirect but regular supervision (as defined by placement).
OCCUPATIONAL THERAPY PROFESSIONAL STANDARDS, BEHAVIOUR & ETHICS	Student will discuss conflicting moral and ethical issues in relation to Occupational Therapy practice, and will adhere to professional standards without prompting.
CLIENT CENTERED PRACTICE	Student will both form and modify relationship with client as appropriate to the situation.
OCCUPATIONAL THERAPY PROCESS	Student demonstrates ability to select most appropriate level/form of assessment for the patient. Student is able to plan, prioritise and implement intervention. Student is able to evaluate by discussing with Placement Educator.
INTEGRATION OF THEORY & PRACTICE	Student will describe a range of Occupational Therapy models, be able to use one approach based on the philosophy of the Unit/Department, and be able to select, modify and evaluate intervention based on sound knowledge of basic human and applied sciences.
REFLECTIVE PRACTICE	Student will reflect on overall Occupational Therapy provision within a geographical area, with emphasis on meeting the wider needs of patients. Able to assess own performance and see its place within the developing services. Can use to evaluate the effectiveness of treatment.
PROFESSIONAL RELATIONSHIPS	Student will facilitate (form) professional relationships with others, building close working relationships. Student is proactive in forming professional relationships which facilitate good practice.
COMMUNICATION SKILLS	Student will communicate effectively in all situations, both verbal and written.
ORGANISATIONAL SKILLS	Student will prioritise and plan workload efficiently. He/she is able to co-ordinate the necessary resources eg transport, before undertaking home visits.
USE OF SUPERVISION	Student uses supervision effectively, and can discuss areas for developing the service.

	<b>HEM 59 COMPETENCY STATEMENTS COMPETENT STUDENT PRACTITIONER</b>
SAFE PRACTICE	As Module 3. Student is safe to practice independently. With 'arms length' supervision.
OCCUPATIONAL THERAPY PROFESSIONAL STANDARDS, BEHAVIOUR & ETHICS	Student will discuss the development of Occupational Therapy standards as well as adhering to existing standards without prompting.
CLIENT CENTERED PRACTICE	Student will independently form and maintain appropriate therapeutic relationships with clients and may act as an advocate for the client if necessary.
OCCUPATIONAL THERAPY PROCESS	Student will carry out the Occupational Therapy process with own caseload, including ongoing evaluation, modifying interventions where appropriate.
INTEGRATION OF THEORY & PRACTICE	Student will select an approach from a number of models and explain theoretical underpinning. Student will justify the use of models in relation to professional studies and in supporting basic human and applied sciences.
REFLECTIVE PRACTICE	Student will consider general service provision for all patients in a locality and reflect on how these services (Occupational Therapy or otherwise) could be improved/modified to meet needs. They are competent reflective practitioners who are able to identify life long learning needs. Can ascertain from literature the evidence for current practice carried out on placement.
PROFESSIONAL RELATIONSHIPS	Student will encourage and support effective professional relationships, demonstrating fully developed interpersonal skills. Student demonstrates understanding of the role of non-Occupational Therapist Managers and management structures.
COMMUNICATION SKILLS	Student will use and understand the full range of communication skills. The student is aware of own communication style and how to modify this in appropriate situations.
ORGANISATIONAL SKILLS	Student will organise all aspects of work in order to give optimum work performance.
USE OF SUPERVISION	Student makes full and effective use of supervision and can discuss ways in which Occupational Therapy can be evaluated and developed.

## **8 Professional Practice Placement Education Modules**

The University of Brighton

2009/2011

### **Year 1**

Beginning Practice 12.10.09 - 23.10.09

Novice Practice 04.01.09 - 19.02.10

Intermediate Practice I 26.04.10 - 11.06.10

### **Year 2**

Intermediate Practice II 25.10.10 - 18.12.10

Competent Practice 28.02.11 - 22.04.11

SECTION 9

QUALITY ASSURANCE

SECTION 10

EDUCATION AND SUPPORT FOR  
PROFESSIONAL PRACTICE PLACEMENT  
EDUCATORS

## **9 Quality Assurance**

Responsibility for the quality of Professional Practice Placement Education is based on a collaborative system in which placement educators have a key role, both in advising on details of the course content and in facilitation learning and assessment of students during placements. Professional Practice Placement evaluation is undertaken in a number of different ways. Sources of feedback about the course are:

- Students studying the course
- Staff teaching on the course
- External examiners
- Placement educators responsible for students from the course

### **Students**

Students are asked for feedback during placement visits, on the assessment form, both in writing and verbally when they return to the university (see Professional Practice Placement Feedback Form in the appendix), on the Student Staff Consultative Committee and during the Course Board.

### **Professional Practice Placement Educators**

Placement educators are encouraged to give their views on the operation of the course and the abilities of the students for whom they are responsible. During the periods that they are responsible for students they normally receive a visit from a University lecturer which provides the opportunity to offer comments. All educators are invited to attend a Professional Practice Placement Education study day once a year. These events are run by the course team and include a session devoted to obtaining the views of the placement educator.

Close liaison and professional development is fostered by including practicing occupational therapist in the delivery of the University based programme, inviting them to guest lectures and workshops, and as student mentors

## **10 Education and Support for Placement Educators**

The collaboration and involvement of a high standard of Placement educators is essential to this programme. The Occupational Therapy Course is keen to help with professional development and in that respect is able to offer the following:

### **10.1 Annual Placement Educators Days**

Annual placement educators days will enable new Placement Educators to become familiar with the philosophy of the course. There will also be a part of the day for experienced educators which will allow for current educational issues to be debated and for ongoing issues such as assessment, placement timing and level of student ability to be considered.

### **10.2 Postgraduate Modules**

The University of Brighton, School of Health Professions runs a part time shared learning course designed for placement educators, Postgraduate Certificate in Clinical Education. It consists of 3 postgraduate modules and can be counted towards an MSc in Occupational Therapy. We also run a single module course – The Health Professional as an educator, this can also be counted towards an MSc in Occupational Therapy.

### **10.3 Placement Educators' Preparatory Courses**

Two day courses with the purpose of preparing new Placement Educators for having their first student occur throughout the year.

### **10.4 Accreditation of Practice Placement Educators Scheme (APPLE)**

This is a voluntary scheme for practice placement educators based on the Accreditation of Clinical Educators Scheme (ACE) launched by the Chartered Society of Physiotherapy in March 2004

This national scheme is supported by the university and is intended for qualified occupational therapists

and other health and social care professionals involved in the education of occupational therapy students. It has been designed for those who have normally been employed in their professional role for at least one year. The APPLE scheme will offer practice placement educators a choice of two routes by which they can be eligible to apply for accreditation on the national register:

- Experiential route – with supporting workshops (written profile)
- Programme route – see 10.2 (taught course)

### **10.5 Access to Library**

Placement educators and those involved in the course are able to access the Queenwood Library which holds an extensive range of texts, journals and audiovisual material related to health care in general and to occupational therapy in particular. Placement Educators are permitted to become associate members of the library.

### **10.6 Invitation to Special Events**

Placement educators are invited to attend guest lectures and workshops pertaining to current occupational therapy issues and trends, particular specialities, and specific developments in practice.

### **10.7 Notes for students – Contacting your practice educator**

When you have been given details about your placement, including the names of the practice educator and the practice coordinator (this is sometimes the same person), you should write to him or her in good time. This should certainly be no later than one month before the start of the placement.

As this is your first contact with the placement it is a good opportunity to demonstrate your professionalism, so take care that you present yourself well. Your letter can include some or all of the following:

- ✓ Information about yourself, such as where you are employed, the type of work you do.
- ✓ Where previous placement experiences have been.
- ✓ Any health/ social issues that may affect your performance on placement (eg dyslexia, back injury, bereavement)
- ✓ Any particular interests that you may have, which are relevant to the placement
- ✓ You may want to ask for information, such as the type of service users on the placement, or the setting
- ✓ You may want to know practical details, such as travel or parking expenses, uniform policy, how to get there, what time you should arrive, where and whom to report to
- ✓ Any useful preparation you can do, such as a reading list
- ✓ Accommodation details if necessary

Practice educators will not have been informed of confidential information such as your educational results on the course, about any disability you may have, or any problems you may have encountered, without your permission. However, you are strongly recommended to disclose anything that may affect your performance on the placement to your educator, as he or she may be able to suggest strategies to help you to overcome your difficulties.

### **10.8 The health and safety of students**

#### **Health**

- All students complete a health declaration prior to the start of the course, which is confidential, and is held by the university nurse.
- The student is responsible to ensure that he/ she is fit to undertake a placement. Where there is

any doubt about fitness to practice the student is expected to discuss this with his or her GP, and, if necessary, supply a certificate declaring fitness to undertake practice.

- All students are expected to have the following immunisations:  
Tetanus, hepatitis B, Poliomyelitis, Tuberculosis, Rubella
- It is the **student's responsibility to notify the placement of any factors which could affect their placement**, including illness, disability, or emotional difficulty.

## SECTION 11

## REFERENCES

## 11 References

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## SECTION 12

## APPENDICES

**SUPERVISION LOG**

NAME OF EDUCATOR \_\_\_\_\_

WEEKLY HOURS \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_

COMPLETED \_\_\_\_\_

<u>Date of Supervision</u>	<u>Duration (Eg. 1 Hour)</u>	<u>Topics Discussed</u>	<u>Signature of both student and educator</u>

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## Negotiated Learning Contract

This Negotiated Learning Contract is the student's responsibility and can be used continuously to develop their abilities throughout their placement education and can inform the educators of historical and current learning developments. Please retain this information for future placements.

(This is a suggested format)

<b>Development Needs</b> What do I need to develop? (Skills, Knowledge, Experience)	<b>Learning Resources</b> What resources are available to me?	<b>Criteria for Evaluation</b> How will I know when I have achieved my learning outcomes? What will I be able to do that I can't do now? (Include target date for achievement )	<b>What do I need to learn now!</b> What do I need to develop/learn now?

**Student's signature..... Educator's Signature.....**(A learning contract is not required for HEM 50 – Beginning Practice)

## MSc in Health Through Occupation/PGDip in Occupational Therapy

### Professional Practice Placement Offer Form

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**Placement Module No:**

**Start Date:**

**End Date:**

**Name of Practice Educator:**

**Trust:**

**Address of Placement:**

**Tel No.**

**Email Address**

**Type of Experience offered on this placement:**

**Name of Practice Co-ordinator:**

**Practice Co-ordinator's Address:**

**Email Address**

**Tel No.**





**University of Brighton**

FACULTY OF HEALTH  
MSC IN HEALTH THROUGH OCCUPATION/PG DIP IN OCCUPATIONAL THERAPY

**REPORT ON PLACEMENT VISIT**  
(To be completed by visiting tutor)

Placement centre and town

Placement Module No.

Placement Co-ordinator

**Co-ordinator's Telephone**

Name of Placement Educator

**Educator's Telephone**

**Educator's Email**

Name of Student

Date of Placement

Date of Visit

Please write brief notes on:

Describe some of the experiences and learning opportunities on this placement including a patient/client that you have been working with.

Identify your strength/challenges that you have recognised on this placement.

Development Plan for second half of the placement.

Did you feel sufficiently prepared for this placement experience?

Quality of supervision

**Evidence of Placement Documentation**

- Weekly Supervision Log
- Negotiated Learning Contract
- Learning Outcomes
- Halfway Report (Dependent on timing of visit)

Does the educator have any questions regarding the placement tasks or any other aspect of your studies on placement or on campus?

Have there been any clinical or policy changes to your placement setting that you feel could be helpful for the university to be aware of?

**Placement Educators Assessment of Student**

- Thank the educator for offering a placement
- What is the educators development plan for taking further students (do they need further information regarding APPLE, courses available at the University of Brighton, placement dates etc

**Visiting Tutors Assessment of Placement and Action Points**

**Tutor Signature**.....



**University of Brighton**

# University of Brighton

## OCCUPATIONAL THERAPY

### Student Placement Evaluation Form

In order to help monitor standards and the quality of placements students must complete an evaluation form following each placement. We would like you to be as honest and constructive in your feedback as possible. This is important in enabling your educators to identify their strengths and needs in terms of providing good quality placement experiences for students.

A copy of this evaluation form will be given to your educator to support their CPD, so you need to ensure that all feedback is written in a constructive and professional manner. If you experience difficulties with the placement, it is important that you still provide honest feedback but you may want to discuss how you present this feedback with your personal tutor. Completing this evaluation form is an important learning opportunity for you as the skill of providing constructive feedback is one that you will need to develop for your future role as a therapist.

The completed evaluation must be handed in to the Practice Placement Tutor after completion of placement with your assessment form.

Student Name:	Cohort:
Placement Title:	
Date of Placement:	
From:	
To:	
Number of weeks:	
Practice Educator Name(s):	

Placement Address:

Tel No:

Placement Setting (e.g. Social Services, Community, Hospital etc.)

	<b>PREPARATION FOR PLACEMENT</b>	<b>Yes</b>	<b>No</b>	<b>Please briefly state reason</b>
1	I knew how to access information about my placement in advance from the placement setting.			
2	Before going on placement, I understood how the module learning outcomes linked to the practice experience.			
3	Prior to placement I received preparatory information from my placement setting.			
4	My accommodation was adequate and comfortable			
	<b>WELCOME AND ORIENTATION</b>	<b>Yes</b>	<b>No</b>	<b>Please briefly state reason</b>
4	I was made to feel welcome as part of the team			
5	My induction/orientation programme was adequate to prepare me for my placement.			
6	On my first day, I was made aware of my line of support within the placement setting.			
7	I negotiated my learning contract with my Practice Educator at the beginning of the placement.			
8	A student resource folder was available outlining placement setting guidelines, policies and procedures.			
9	The student resource folder was current			
10	The student resource folder outlined the learning opportunities available in the placement setting			
11	The student resource folder was a valuable learning aid			
	Additional information would have been useful on (please list)			
	<b>Learning Environment</b>	<b>Yes</b>	<b>No</b>	<b>Please briefly state reason</b>
12	I was made aware of potential learning opportunities in the placement.			
13	I was encouraged to participate in discussions and ask questions appropriate to my level of experience.			
14	My preferred learning styles were taken into account when planning my placement.			
15	My caseload reflected my level of experience and skills.			
16	I was assisted to develop my clinical reasoning skills.			
17	I was provided with opportunities to achieve all my learning objectives.			
18	My Practice Educator explained the evidence base of interventions.			
19	I was able to observe and discuss an interprofessional approach to care.			

20	I accessed the local NHS Trust/ placement library whilst on my placement			
	If yes please list resources accessed (books, journals, e-literature, online information etc.)			
	<b>ASSESSMENT OF PRACTICE</b>	<b>Yes</b>	<b>No</b>	<b>Please briefly state reason</b>
21	My learning objectives were specific, measurable, achievable, realistic and timed.			
22	My learning contract was reviewed throughout my placement and developed /renegotiated as required.			
23	My Practice Educator understood how to use the assessment documentation.			
24	I understood how to use my assessment documentation.			
25	I had regular opportunities to reflect on my strengths, achievements and areas for development with my Practice Educator.			
26	I received a halfway report on my progress midway through my placement.			
	<b>SUPPORT AND SUPERVISION</b>	<b>Yes</b>	<b>No</b>	<b>Please briefly state reason</b>
27	My Practice Educator and I discussed what I had learned prior to this placement.			
28	My Practice Educator and I discussed their expectations of me while on my placement.			
29	My Practice Educator and I discussed how I would be supported and supervised.			
30	My practice educator was adequately prepared and experienced to supervise me			
31	My Practice Educator gave me regular constructive informal feedback.			
32	I received formal supervision for a minimum of 1 hour a week.			
33	My Practice Educator gave me constructive formal feedback.			
34	My Practice Educator supported me to apply theory to practice.			
35	I was encouraged to creatively explore my professional development as a student occupational therapist.			
36	I received support from the University whilst on placement.			
37	If yes please state how (tutor visit, tutorial, action learning set, telephone contact etc.)			
38	I found the support from the University valuable.			
39	I knew how to ask for additional support from the University if required.			

	<b>MANAGEMENT AND ORGANISATION</b>	<b>Yes</b>	<b>No</b>	<b>Please briefly state reason</b>
<b>40</b>	I was supernumerary at all times.			
<b>41</b>	Risk management procedures were in place to support staff to practice safely.			
<b>42</b>	Sufficient resources were available on the placement to support learning such as books, journals, internet access etc.			
<b>43</b>	Overall this was an effective learning experience.			
<b>44</b>	Overall I enjoyed the placement			

What did you enjoy most about the placement?

What did you enjoy least about the placement?

Please add any additional comments such as strengths and difficulties you experienced and constructive suggestions for modifications/improvements for future placements in this setting.

## **Crisis Form**

The following form is given to students each time that they go on a placement.

**UNIVERSITY OF BRIGHTON**

**FACULTY OF HEALTH**

**MSc Health through Occupation/PG Dip in Occupational Therapy**

### **COPING WITH A CRISIS WHILE ON PROFESSIONAL PRACTICE PLACEMENT**

#### **INFORMATION SHEET**

**This information is confidential. This form should be kept in a safe place.**

This information sheet should be completed by the placement educator and the student on the first day of the placement. Please complete and make two additional copies - one for the placement educator, one copy for the student and one copy should be sent back to University (address below).

**If there is anything in the student's behaviour, attitude or state of health that causes concern please contact the University immediately during office hours. Tel.: 01273 643774**

**Student's name:**

**Student's placement accommodation address:**

**Student's daytime tel. number:**

**Student's out of office hours tel. number:**

**Next of kin/person to be contacted in an emergency:**

**Tel. number of next of kin/person to be contacted in an emergency:**

**Name and address of local General Practitioner:**

**Details of any medical condition that may affect performance (in the interests of safety, students are strongly advised to give this information to their supervisor):**

Occupational Therapy Administration Office, University of Brighton

8.30am - 5.00pm (Monday - Thursday)

8.30am - 4.30pm (Friday)

Tel.: 01273 643774

University of Brighton Occupational Therapy staff contact names and telephone numbers (outside office hours)

Calls should be made only in the event of a real emergency

Tracy Szekely

Chaninne Clarke

Placement educators may like to give the following details to the student in confidence on the condition that they are used only in case of an emergency, or they may like to make alternative arrangements

**Placement Educator's name and telephone number (outside office hours):**

**Add any other relevant information:**

Please return a copy of this form to: Malebogo Koakae, School of Health Professions, University of Brighton, Robert Dodd Building, 49 Darley Road, Eastbourne, East Sussex, BN20 7UR