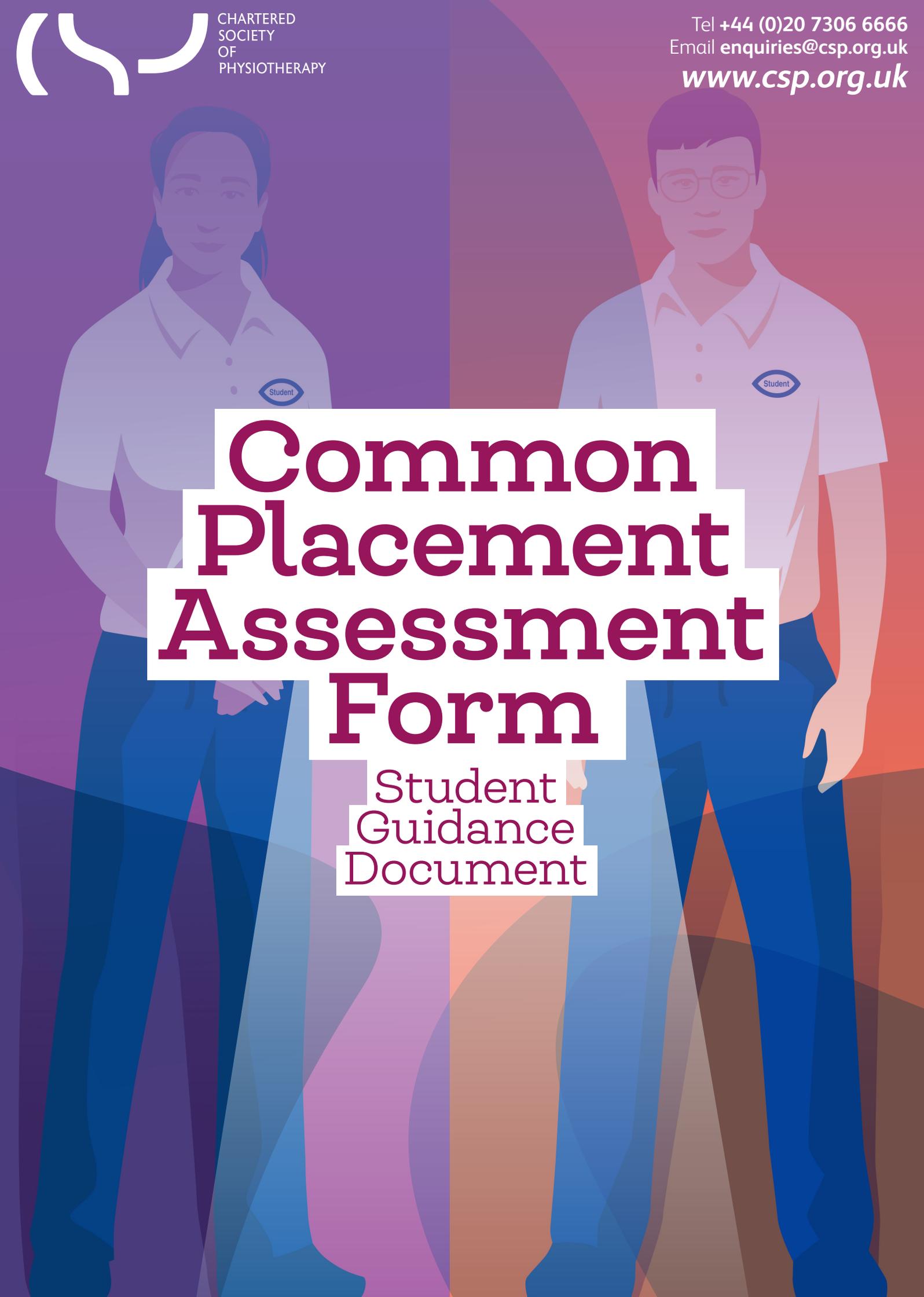




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Common Placement Assessment Form

Student
Guidance
Document

Student Guidance Document

Dear Student Physiotherapists, This guidance document is designed to support your understanding of the **Common Placement Assessment Form (CPAF)** out in practice. To explore its different sections, explain why they are so important and discuss what they really mean to you on a daily basis on placement. To put you in charge of your learning and to provide examples of how to effectively demonstrate your skills, knowledge and behaviours to, ultimately, get the best possible experience from your time in practice.

How to use it – This guidance has 3 sections focusing on the learning agreement, professional behaviours and responsibilities and learning domains. Although they can be read independently, we recommend spending time initially familiarising yourself with the whole document, coming back to individual sections for specific examples and explanations when needed.

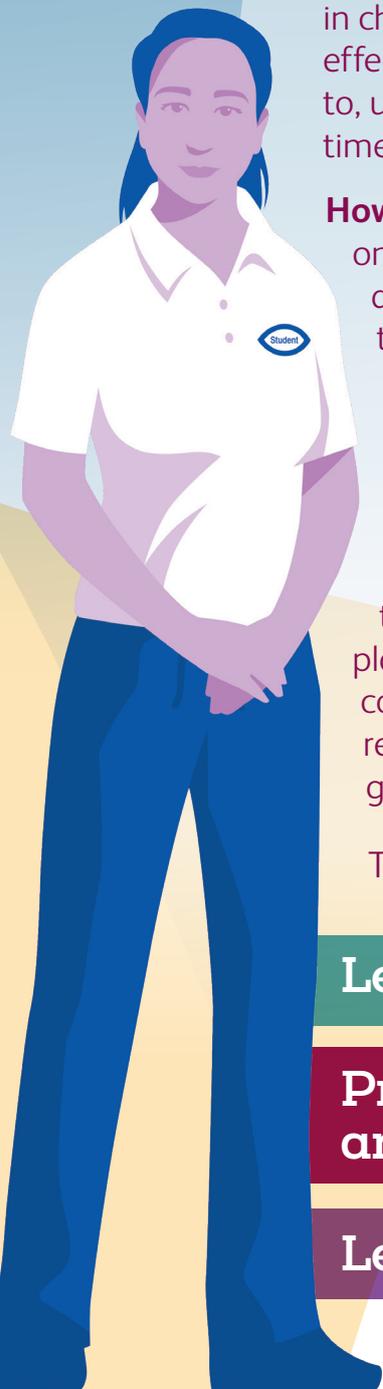
Acknowledgements – Four students contributed to the writing of this document during their placement at the CSP. Ani, Hira, Jack and Sam considered what mattered to students and represented the wider student views through focus groups, polls and questionnaires.

Thank you all!

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Learning agreement

Practice placements are an important part of all of our courses. It is here that we have the fantastic opportunity to apply what we have learnt at university into lots of different settings where physiotherapists work or could work. It is also where we get to develop many professional and social skills.

Placements are all about learning – and this part of CPAF is about you taking ownership of this, helping you to get the most out of your time out in practice.

The first week of any placement can be a bit nerve wracking – this is completely normal for all of us! By using this learning agreement, you and your educator can get to know each other, plan your development and make things a bit more relaxed.

To get the most out of this section, complete it during your first week on placement. You can come back to it and make changes at any time.

In summary, it's a 2-way conversation between you and your educator on how best to support your learning.

The three sections are:

- 1** *Factors that may impact on learning*
- 2** *SWOC analysis*
- 3** *Personal Development Plan*

How will this help me?

I will be
owning my
learning

It will give
me a safe space
for my voice to
be heard

It will stimulate
good conversation
with my educator

It will allow
me to develop
from placement
to placement

I will be more
in control of my
own goals





Top Tips

-  **Look for, and take opportunities to learn**
Professional and personal growth is all about getting new skills and experiences
-  **Ask away!**
There is no such thing as a silly question
-  **Own your learning**
This will boost motivation, engagement and development.

“You’re here to become your best self, I’m here to support you so we are in it as a team”

– Practice educator

“We have been students on placement just like you with various difficulties. You are not alone”

– Practice educator

Factors that may impact on learning

We all have things that impact on our lives. Sometimes these can affect how we learn.

This area is a safe space for you to share ANY thoughts with your educator that might affect your experience on placement.

Although optional, it’s better for you and your educator to discuss these issues so you can be supported in the right way. Your educator can then reassure you and, if needed, put steps in place to address them.

There is no rush – If you don’t feel ready in your first week, you can add to this section later.

We asked **student physiotherapists** if they felt that factors that impact on your learning should be voiced. From **791 responses** an overwhelming **76% said 'yes'**.

This shows you are not alone, so be brave and **have that conversation!**

How can sharing this information help me?

- ✓ **I will feel less worried and more relaxed** going into placement knowing my educator is aware of things bothering me
- ✓ **I will feel more confident** in tackling the tasks for the day
- ✓ **My educator and I can try** to make solutions for the problems together
- ✓ **I am being honest and open** with my educator and forming a trusting relationship.

Let's take a look at some examples you might want to share

I have to do
the school run in
the morning

I'm worried
about catching
infections, and risk
to my family

I have set
times I need
to pray

I've been
feeling low in
mood recently

I have dyslexia
and need more
time to do
notes

I have diabetes,
I may need time
for some snacks
during the day

I'm worried
about racial
comments



SWOC Analysis

You may have seen SWOC analysis formats a million times before and might be thinking “not another one” but don’t switch off. When used properly, they can be hugely powerful.

The SWOC analysis (often referred to as a ‘SWOT analysis’) is a really effective way to understand yourself as a learner, a physiotherapist and also as a person.

It is here that you consider your individual strengths and weaknesses whilst capturing any opportunities and challenges there may be on your placement. This allows you to become a little more self-aware, a hugely important factor in self-development and an essential skill when on placement.

Example - SWOC

Strengths

What do you do well?

What do others see as your strengths?

- I am confident in my ability to engage with patients
- I have real empathy with my patients
- I am receptive to other ideas and feedback.

Weaknesses

What could you improve?

What are you less confident about?

- I sometimes lack confidence in my abilities when talking to health care professionals
- I can be slow to grasp new techniques.

Opportunities

What opportunities are available to you?

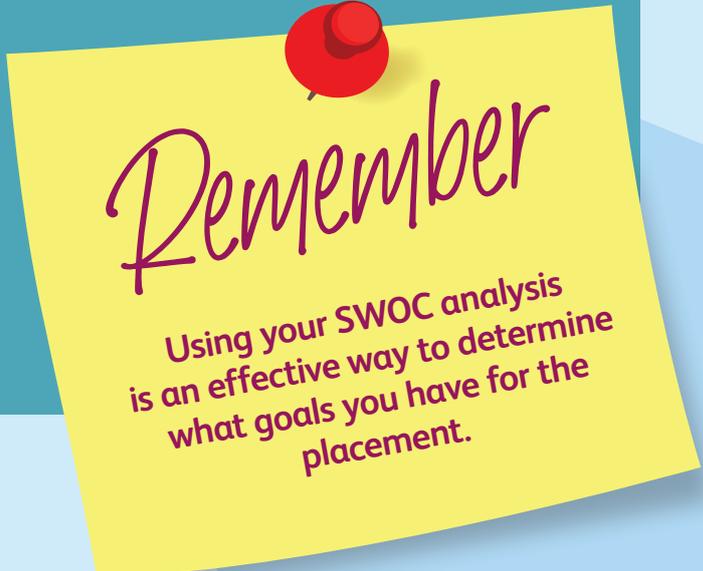
How can you turn your strengths into opportunities?

- I will be working within a multi-disciplinary team (MDT)
- To gain knowledge about the patient pathway in a community setting
- To gain confidence in communicating clearly with other Health Care Professionals.

Challenges

What challenges or hurdles may you meet along the way?

- I am only here for 4 weeks, I may run out of time to achieve everything I want to in this setting.



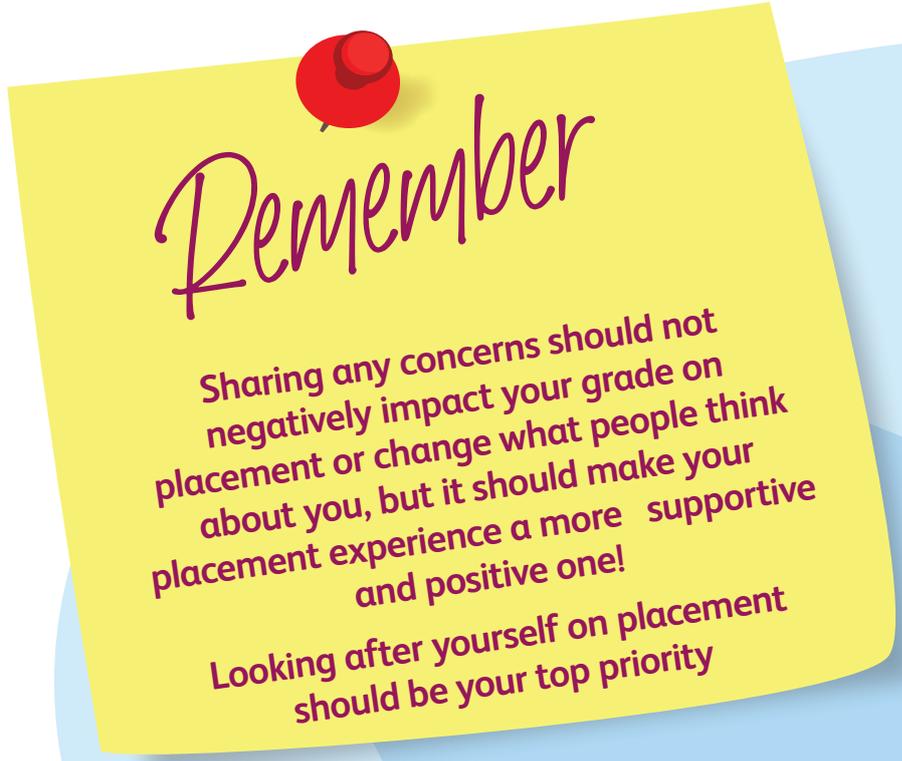
Remember

Using your SWOC analysis is an effective way to determine what goals you have for the placement.



Top tips

-  **Be honest with yourself**
Everyone has their own strengths and weaknesses, take some time to consider yours to personalise your learning
-  **Weaknesses are not bad**
They are simply things you can build upon
-  **Do it more than once**
Complete your SWOC analysis at least twice when on placement – once at the start and once at the end. This exercise can help to track your development, see how you have grown and allow you to plan for the next one.



Remember

Sharing any concerns should not negatively impact your grade on placement or change what people think about you, but it should make your placement experience a more supportive and positive one!

Looking after yourself on placement should be your top priority

Personal Development Plan

As its name suggests, this section is all about you and how you would like to develop during the placement.

It allows you to shape your learning and seek new experiences. To think about what kind of opportunities you may have access to and to discuss these with your practice educator. Try to think outside the box to make sure you get the very most from your time on placement.

Example – Personal Development Plan

What are your individual goals for this placement?

Use this to inform the below table

Learners Personal Learning Aim (This should be Specific, Measurable, Achievable, Realistic and include a Time frame) <i>(What do I want to achieve, by when, how do I measure success?)</i>	Anticipated resources required to achieve (What do I need to make this happen? Time, support, people etc.)	Practice Educator Comments This goal is achievable, I will facilitate it by; <ul style="list-style-type: none"> • Regular constructive feedback • Clinical Reasoning discussions about key information • Creating time for this • Signposting to shadowing opportunities 	
		Reflection on Achievement of Learning Aim To be completed by the learner with support from the practice educator.	
		Half Way	End of Placement
To succinctly and clearly discuss a minimum of 4 patient key assessment findings and clinical reasoning with my practice educator by the end of the placement. Measured by feedback	Educator Feedback – educator and/or MDT Shadowing Reflection		Link the section below to your SWOC analysis.



Top tips

-  **Be confident**
Don't be afraid to ask if there is anything you would like to do or achieve
-  **Be imaginative**
Each placement has its unique opportunities
-  **There's no rush**
It may be easier to complete this section after a few days or once you know more about the opportunities.

We asked **student physiotherapists** if they would like their educator to be involved with this section.

From **755 respondents** an **overwhelming 81%** **said yes** so we added it to the form!

Just goes to show **how strong a student voice can be.**



Professional Behaviours and Responsibilities

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7. Is punctual and has good time keeping	25

“Professionalism is your personal responsibility, present yourself as you would like to be treated. It is the heartbeat of your career and personal journey as you leave a constant trace on every patient, family and co-worker you encounter”

– Practice educator

We all know that professionalism is important. But what does this actually mean to the student physiotherapist on placement? Whose standards are we trying to meet? What must we do in order to meet them?

Whose standards?

The **Health and Care Professions Council (HCPC)** is the regulator for our profession. Their [Standards of Conduct, Performance and Ethics](#) set out the expectations of how we should behave and what the public should expect from us. They are an essential read, alongside their [guidance document](#) aimed specifically for students, helping you to understand the importance of your responsibilities and role.

There are also **organisational policies and procedures** to follow. Every place you work in will have these. Ask your educator where you can find them and take time to understand them, considering any aspects that will impact on your placement.

Finally, the **CSP** is our professional body who offer valuable guidance to the profession. Their Code of Members Professional Values and Behaviour document sets out their expected standards of behaviour. You can find more information here <https://www.csp.org.uk/publications/code-members-professional-values-behaviour>

You will be assessed on 7 key aspects of professionalism. Let's now explore what these actually mean to us and how they may be demonstrated.



Top tips

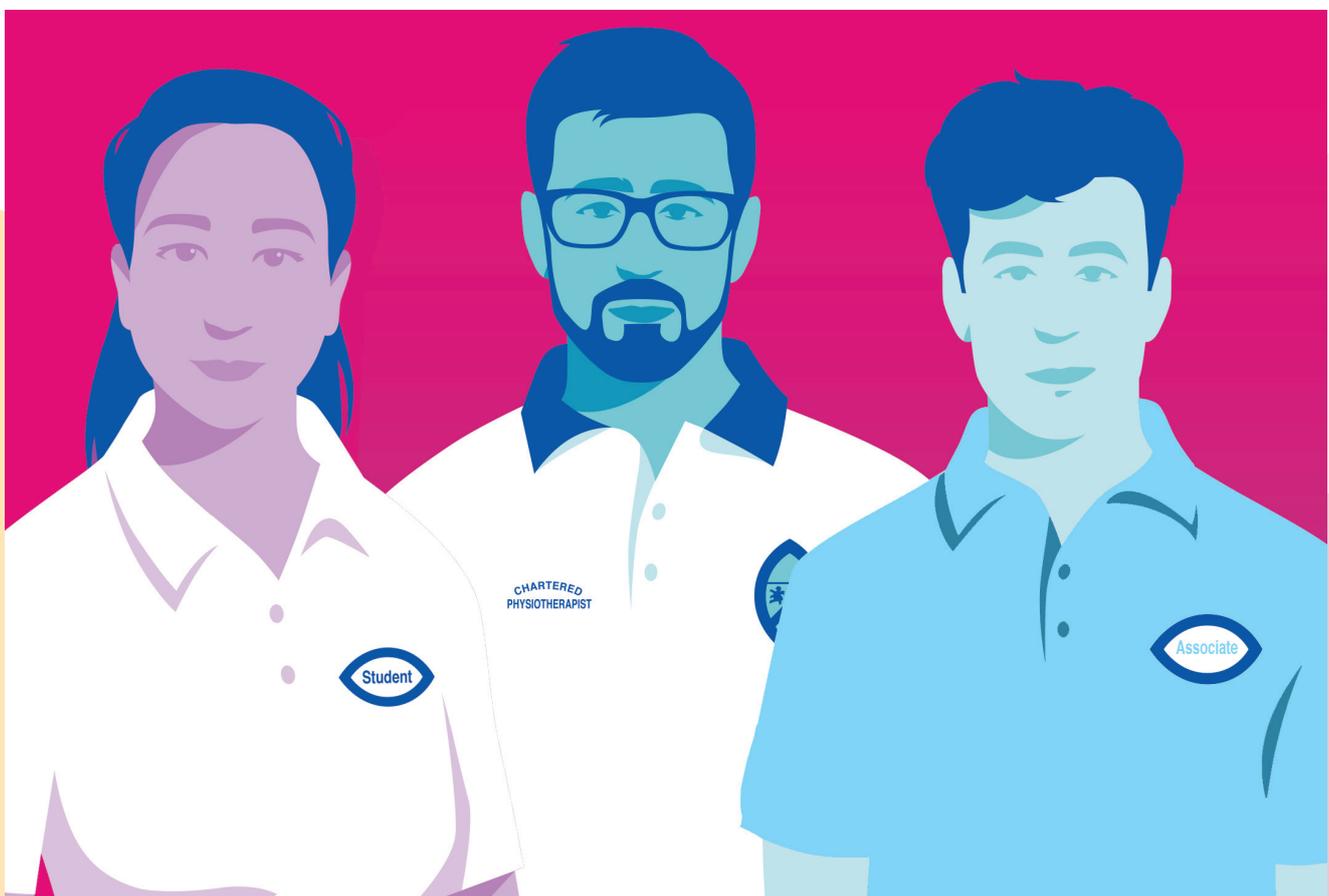
-  **Pay attention to how you look, what you say and what you do**
-  **Treat others with respect** – your team, patients, families... everyone
-  **Avoid workplace gossip**
-  **Consider what you say on social media.**

1. Is fit to practice safely and effectively; with an awareness of their limitations and scope of practice, honesty about their role and consideration of ethical and moral matters

This is about you practicing within the limits of your knowledge and skills and knowing when to ask for help or refer on when needed (*this is not a sign of weakness*). Be honest about your knowledge.

Examples:

- *Speaking up when asked to do something with a patient that you are unsure about*
- *Contacting your educator when unsure about anything rather than waiting for your next arranged meeting.*



2. Promotes and protects the interests of others; following policies on consent, respecting dignity and promoting equity

This focuses on your ability to treat others with respect. To involve people in decisions that may affect them (*this is often referred to as shared decision making*), not allowing your personal views to affect your professional work and being an advocate (*or supporter*) for others.

Examples:

- *Adapting your assessments and plans to suit each individual patient e.g. some patients may object to removing certain items of clothing or may not be able to carry out your treatment as regularly as you'd like due to other commitments.*
- *Ensuring a diverse mix of participants when arranging focus groups or carrying out surveys.*

3. Assesses risks accurately; taking appropriate steps to limit the harm of self and others

You will assess potential risks on a daily basis whilst on placement. This professional behaviour shows that you are aware of such risks and that you do all you can to reduce any risk of harm to yourself, colleagues, patients and/or carers.

Examples:

- *Checking the surrounding area for any potential risks such as trip hazards before you get a patient up to walk.*
- *Building regular walks into your day and ensuring your computer set up allows you to be comfortable when desk based.*

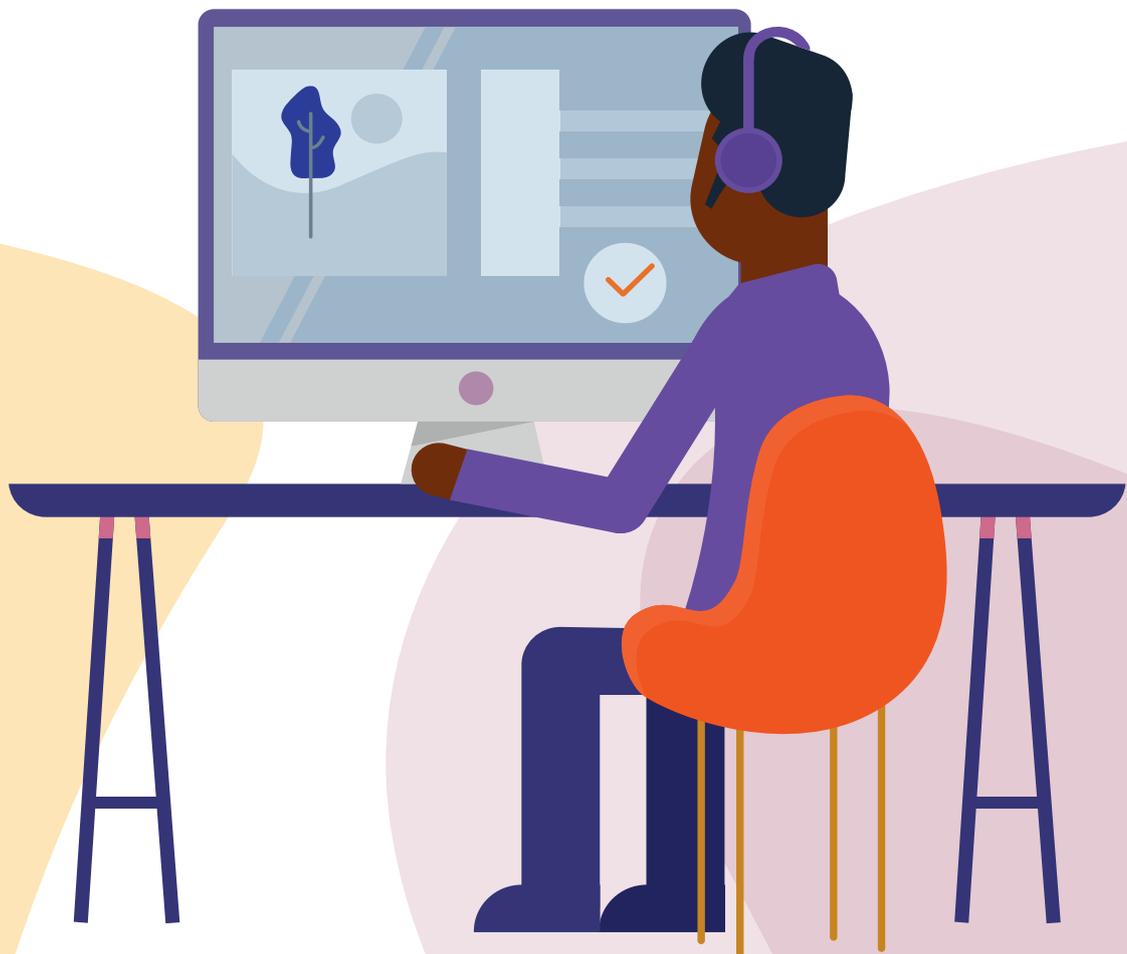


4. Reports reliably; informing their practice educator of any concerns of safety and putting the wellbeing of others first

Speak up – if you have any concerns about the safety and well-being of others, it is professional behaviour to let your educator know.
Be brave, honest and open.

Examples:

- *Considering the whole person when assessing; you may pick up on various safety issues such as safeguarding or the need for additional home services.*
- *Discussing your concerns with your educator when issues shared in a focus group worry you.*



5. Respects confidentiality; managing sensitive information and only using information for the purpose in which it is given

When you are on placement you **MUST** keep information that you have gathered confidential, only sharing it when necessary. Think about how you would like your own personal information to be used and consider organisational as well as patient information.

Examples:

- *Taking care not to discuss patient cases in a public area or with friends and family.*
- *Being careful not to share comments on social media revealing confidential information about your work or that of others.*
- *Remember, this can be viewed by colleagues and/or patients.*



6. Complies with standards of dress, appearance and hygiene in relation to organisational policy

This professional behaviour is quite self-explanatory. Think about how you would want to portray yourself and understand that you are representing the placement organisation, your university as well as the physiotherapy profession.

Examples:

- *Making sure that hair is tied back and does not cover your face.*
- *Making a good impression on virtual video platforms; have your camera on if you can and check your position, background and lighting.*

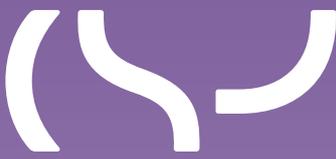
7. Is punctual and has good time keeping

Making an effort to arrive prepared and on time shows that you are organised, eager and reliable.

Examples:

- *Arriving at the placement venue at the agreed time with your educator.*
- *Submitting a document by the agreed deadline.*





Learning domains

There are 10 learning domains on which you will be assessed. This section will explore the meaning of each.

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1. Independent Learning

Independent, or self-directed, learning is an important skill to develop as a student physiotherapist. Put simply, it means being an active learner and taking responsibility for your own development. Being a physiotherapist is a career-long learning experience. As you're reading this now, you're most likely at the start of this journey. Now is the time to really develop your independent learning skills.

- **Ability to identify personalised learning needs and engage in a personalised development plan**

Identifying your own learning needs is really important. Why? Because when you have done this, you are much more likely to change your practice than if you were purely being 'told what to do'. This process can be challenging; but as it is personal to you, your motivation to learn increases as a result.

Head back to the 'Learning Agreement' – complete the **SWOC analysis**, jot some ideas down in your **personalised development plan** and consider factors that may impact on your learning.

Discuss these with your educator and review them at regular intervals throughout the placement. Learning is a continuum and you may become aware of different learning needs part way through a placement. This is OK, add it to your learning agreement and use this to evidence this learning outcome.

- **Ability to identify and use a variety of appropriate learning and development resources**

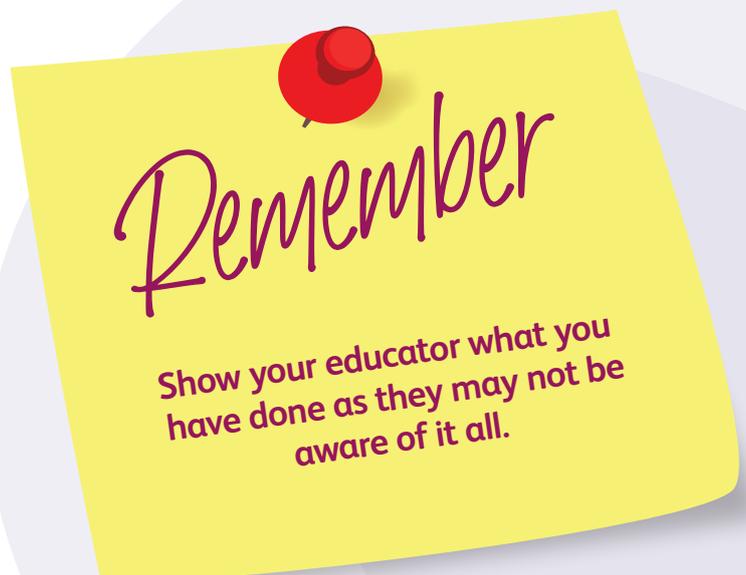
Now you have identified your learning needs, we need to think about what we do to address them. This may seem obvious but can take some thought and understanding. Consider how you personally like to learn, we are all different and there is no one size fits all approach.

So what actually is a ‘resource’?

These could include many different things, such as:

- *Reading*
- *Listening to podcasts*
- *Assessment and management of different people and conditions*
- *Shadowing others*
- *Taking part in group sessions*
- *Spending time with different members of the team*
- *Mentoring*
- *amongst other examples.*

Be proactive in finding these and ask for time with your educator to discuss and plan together.



- **Ability to reflect on the learning process, resulting in suitable changes to practice**

Finally you must reflect on your learning. This is where you consider the ‘so what?’ by asking yourself some questions. It adds layers to learning and deepens understanding.

This is reflection:

- *What did you learn?*
- *How did you do this?*
- *How did it impact on your practice?*
- *What next?*
- *How will you approach this next time? Etc.*

Reflection may take different forms and there are no right or wrong ways to do it – it is completely personal. You may choose to write these down, record them on your phone or even speak it out loud, whatever works for you. Please refer to Appendix 3 within CPAF for some crib sheets to support this. What is important is that it is meaningful to you and you share this with your educator to show them your understanding.

2. Seeking, reflecting on and responding to feedback

As a student, your practice educator is there to guide and develop you. They should provide you with regular feedback throughout your placement and are key to helping you become a competent physiotherapist. How you seek feedback, take it on board, reflect and change your practice as a result is crucial.

- **Ability to appropriately seek feedback**

Seeking feedback from your educator is essential. Don't always wait until it is offered, such as during your halfway assessment; think about when it would be most useful. This may be after a treatment session or perhaps asking for feedback about your contribution to a specific meeting during a leadership placement. Make sure it is meaningful and timely.

- **Ability to accept and reflect on feedback received**

Regardless of whether the feedback is good or bad, it is important that you listen, understand and discuss with your educator how this might impact on your future practice.

Work with your educator, together agreeing on key actions to take forward and improve on. Don't be afraid to contribute to the conversation ensuring you understand your educators view point.

This is reflection:

- *What went well?*
- *What didn't go so well?*
- *What could you do better next time?*

- **Ability to modify personal and professional behaviour as needed in response to feedback received**

Now we have sought and reflected upon our feedback, it is time to make some changes to your practice. Behaviour change is not easy. It is however, the most important step in completing the feedback loop when learning.

This is reflection:

- *What did you change?*
- *How did it feel?*
- *What did you learn?*
- *What will you carry forward from this feedback?*

Let your educator see how you have taken their feedback on board and grown as a result.



3. Organisation and prioritisation

Organisation and prioritisation are challenging but essential skills for a student physiotherapist. They are skills you will continue to learn throughout your career, helping you to be more productive and efficient with your time. But remember - plans are never set in stone so be prepared to accept this challenge and adapt.

- **Ability to plan, organise and prioritise workload using appropriate available resources.**

Being organised means you are taking responsibility in planning your own workload by prioritising the tasks that need to be completed first. How can you do this? Think of it as a To-do list for the day; you may want to rank the tasks in order of priority and add a deadline.

For example: you may have two high priority patients who require an assessment, but one of them could be discharged the same day. They would be your number one priority.

Think about what you need to complete your task- these are your resources. For example, you may need your educator, another healthcare professional, your peers, articles, access to documents or additional time.

- **Ability to modify behaviour and actions in response to the demands of the situation, service and/or environment**

You've made your plan for the day but suddenly something has changed - we know this is quite common on placement and things don't always go to plan. This skill is about responding to changes.

Things will always change. This may include time restraints, patients being assessed by other health care practitioners or becoming more unwell, late notice for meetings, your educator being off sick, or any other situations outside your control.

What is important here is how you respond.

Can you modify your plans, behaviours and/or actions in response to the situation? What did you do? Why?

- **Ability to acknowledge and evaluate the impact of their actions on themselves and others**

Take a step back and think about how your actions (*in terms of organisation and prioritisation*) have affected others, whether good or bad. How did it affect you? Your Patient? Your team? The organisation?

For example: you suggest to complete a joint assessment with the occupational therapist. This would save time, patient energy and better working relations.

4. Communication

Communication is the most important skill of a physiotherapist. It's how we interact with people. When effective, it makes everybody's experience more positive; empowering others and building strong relationships. When ineffective it does just the opposite.

- **Ability to effectively use a wide range of appropriate communication skills** (*verbal, non-verbal, written and listening*) **to both share and receive information**

Think about the different communication skills we have. We use these daily with our family, friends, co-workers, and even strangers on social media.

Listening may not be the first thing that comes to mind when you think about communication, but it is incredibly important. Non-verbal communication considers body language and the way in which you present yourself. Any written communication should be as clear as possible and verbal should be clear, accurate and honest.

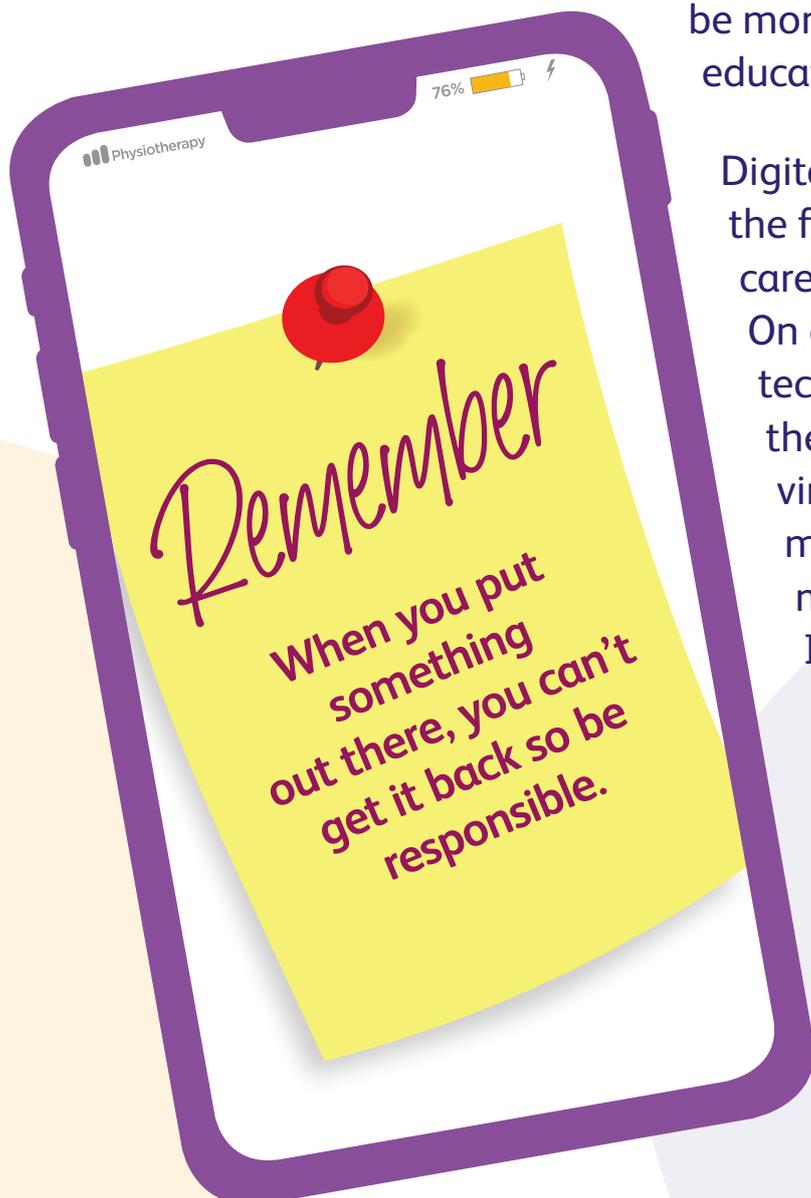
- **Ability to modify communication styles to meet the needs of different people/users**

Now you have identified the various ways to communicate, we need to think about how and when we should change the style of communication. No individual or audience is the same, different people prefer different types of communication. Show your ability to modify your communication by choosing the right style for the audience.

For example: think about how you may talk to your peers in comparison to your lecturers. You may change your tone, manner, style, and terms. This is no different to when you're on placement. You pick up on other people's needs. Remember you've been practicing different styles of communication your whole life.

- **Ability to professionally engage with digital information and technology as appropriate**

Finally, something we are all familiar with; technology. As we know, technology is always evolving and changing so don't worry, this is an ongoing learning experience for every physiotherapist. We may even be more comfortable than our educators with this.



Digital technology is transforming the future of health and social care and we need to embrace it. On any placement you will use technology. This could be in the form of electronic records, virtual consultations, apps you may recommend and social media, to name but a few. It's also important to use it professionally. This just means that you are using the specific technological device appropriately and for the intended purpose.

Think about what you're sharing on these platforms.

5. Working with others

No matter what setting your placement is in, you will almost certainly be working as part of a team. This includes working well with others, understanding the different roles of those around you and making sure you know how you fit in. Teams offer the potential to achieve more than any person could achieve alone. Leadership starts with students but is a skill that students often feel out of place to practice. We will explore this further below.

- **Ability to understand and respect the role and scope of themselves and others**

Who is in your team? This may include your practice educator, other therapists, other medical professionals, support workers, reception and admin staff and so on. Take time to get to know their unique roles and what they bring to the team. This will enable you to better understand both their contributions as well as yours – no matter the setting.

- **Ability to build effective and collaborative relationships, engaging with others and working as a team**

As well understanding an individual's role within a team, you should then consider how the roles work together effectively. Spend time with, talk to, and get to know the team around you, find out exactly what they offer, understand when you may ask for their opinion or help and really get to grips with how you can all work together with a common goal.

- **Ability to identify and apply leadership skills into the practice environment**

If your actions inspire others to achieve more, learn more, do more and be more; then you're a leader. There should be plenty of opportunities to demonstrate this on placement. Think about something as simple as empowering a patient to get out of bed for the first time, adapt their training schedule or build activity into their daily life. Non-clinical examples may be easier for you to think of, they could include chairing a meeting, leading a focus group, planning your workload or providing feedback constructively to others.



**“Managers do things right,
Leaders do the right thing”**

– Karen Middleton

We asked student physiotherapists
‘Are you aware of what leadership skills are and how to evidence these on placement?’ 584 replied and the split was **49% yes** and **51% no!**

6. Individuals, communities, and populations

Physiotherapy students were asked
“Do you understand the term population health”
740 replied and an overwhelming
59% said no.

This domain is clearly one students struggle with so let's explore it in more detail.

Think about all the things that can impact on an individual's health, and think broadly. Why do some people stay well and others don't? Why are some communities healthier than others? What do we mean by population health?

When we consider some of the differences that exist between people, their values, their home circumstances, the colour of their skin and their physical ability, we must ensure we treat them all equally and with dignity and respect.

- **Ability to demonstrate an awareness of the wider determinants of population health**

Population Health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and improve health across an entire population.

Many factors affect the health of individuals and communities. ‘Health is complex - many factors affect the health of individuals and communities.’

- *Genetics*
- *Ethnicity*
- *The physical environment*
- *The social environment*
- *Health related behaviours*

If we think about these determinants we can really begin to understand the effect they can have on an individual’s health, the health of a community and even the health of populations.

This is a complex area to understand. This [short video](#) explains it brilliantly.

- **Ability to identify and understand the impact of health inequalities within the placement setting**

Health inequalities is a term used to describe differences and variations in the health achievements of individuals and groups. For example, in 2021 male life expectancy in Glasgow is 54, in London it is 82. Men die younger than women, but women experience more ill health. You must now be asking yourself why? You’re not alone, the reasons are complex and still not fully understood.

Think about the area where you are on placement; Are there high levels of poverty? Is there access to green space in which to exercise? What are the pollution levels? What are the crime levels? We also know that poverty is associated with behaviour choices which negatively impact on health such as smoking, drinking and drug taking. How will this impact on the patients that you are likely to see?

Some health conditions are also more common in certain ethnic groups; diabetes, heart disease, strokes to name but a few. Those in more deprived areas with the greatest need for healthcare are least likely to access it. Ask yourself why and consider what could be done to address it?

Understanding the community in which you work is so important for physiotherapists if we are to tackle such inequalities and improve the health of populations. [This document](#) discusses everyone's roles in tackling health inequalities with some great examples

For example: you may see a patient with poorly controlled asthma who is overweight and has knee pain. This will affect her attendance at work, ability to socialise, to exercise and make healthy life choices.

Now consider that the asthma is made worse as she lives in the centre of a busy city with high levels of pollution. She lives in a high rise flat that is damp. Both of these circumstances are making her health worse. We aren't expecting you to arrange new housing and a move away from the area. You simply should be able to recognise this and be aware of the impact when assessing her knee and planning interventions.

- **Ability to promote a sense of inclusion and belonging, demonstrating anti-discriminatory behaviour and acting as an advocate for others.**

Research and experience tells us that some people experience unacceptable discrimination in placement settings. This may be targeted towards any individual - students, patients, colleagues or others - regarding their gender, sexuality, race, religion, disability or other protected characteristic. This is unacceptable and the CSP promote anti-discriminatory practice, not tolerating discrimination of any kind towards any individual.

It simply isn't enough not discriminating, we must act as an advocate for anti-discriminatory behaviour.

Don't over complicate this or go looking for issues where there may not be any. You may create a sense of inclusion by simply being respectful of a patients time commitments to pray or a sense of belonging by embracing differences. Should you be unfortunate enough to witness discriminatory behaviour even if you don't feel comfortable confronting the person at the time you should tell someone of your concern. Being an ally and understanding allyship will support you here.

Students were asked if they felt like they knew how to **demonstrate anti-discriminatory behaviour**. **576** replied, with **1 in 3** students saying that they felt **they couldn't**.

7. Gathering and analysing information

Think about what information you gather whilst on placement. This may include subjective and objective assessments, literature searches, polls, questionnaires and focus groups among many other examples. This means that there is a lot of information for you to then analyse.

Within their [standards of proficiency](#), your regulatory body the HCPC, states that students should be ‘*able to gather appropriate information and analyse it in order to be able to draw on appropriate knowledge and skills to inform practice*’. Clearly, this skill is important for you to develop whilst on placement.

- **Ability to extract relevant information from a range of sources**

This is exactly what it says in the text. In a clinical placement, information gathering could include your subjective or objective assessment. Whereas in a non-clinical placement, you may gather information for your research project, collecting this from a range of sources such as literature, professionals, or social media.

At times, you may feel overloaded with information. Be aware that there is skill in gathering information that is both relevant and useful. Think about your questioning – will it help you to better understand the issue you are trying to address and inform your next steps?



Top tips

- 👉 **Think creatively** – there are many different ways and opportunities to gather information
- 👉 **Always ask yourself** whether this information is relevant or not
- 👉 **What a patient does not say can often be as valuable as what they say** – look for non-verbal clues.

- **Ability to analyse gathered information, drawing reasoned conclusions to identify key issues**

You now have all the relevant information you need, next up is to analyse it. This is where you will examine the information in order to understand, interpret and explain it. A top tip is to keep asking yourself why, and eventually you will find the answer.

For example: on a virtual consultation you observe your patient walking slowly. But why? They state it is painful. Why? You delve deeper into their past medical history and discover that they have osteoarthritis of the hip. You reason that they are likely experiencing a flare up of OA resulting in decreased mobility. Just like that, you have managed to find the connections between the information and your conclusion.

This will take time to develop, use your placements to keep practicing.

- **Ability to develop goals and/or objectives to address identified issues**

Once you have gathered and analysed the information, you will then use it to develop realistic, achievable and meaningful goals.

With patients, this will mean exploring together what matters to them. What they want to achieve? And by when? Is this realistic?

In non-clinical placements, this may mean considering the aims of a certain project or developing clear goals from what you would like to get out from a focus group.



Remember

**Other people's goals,
ideas and values may
be different to yours.**

8. Evidence based practice

Evidence based practice; here's a phrase we have all heard of and used but what exactly does it mean? In simple terms, it is how evidence is translated and applied to your practice. In the previous learning domain we looked at how we gathered and analysed information to enable you to set goals. This domain considers how will you use the available evidence and expertise, to select the most appropriate, effective way of achieving the outcome you desire.



In a clinical setting you must always consider each patients unique needs and personal differences. In a non-clinical setting you must consider your audience and their needs and preferences. Let's look at how we can put this into practice.

- **Ability to source research/ evidence to inform effective physiotherapy practice**

What types of evidence will inform your decisions?

There are many and various examples to consider here:

- *Knowledge from research and audit*
- *Knowledge from university lectures and text books*
- *Journal articles sourced through databases such as PubMed*
- *Best practice guidelines such as NICE and SIGN*
- *Focus groups, questionnaires and polls.*

Using the insights you gain demonstrates your ability to source evidence to inform your practice.

- **Ability to evaluate and apply research/ evidence in practice**

Be careful! Just because something is published in an article doesn't mean it's correct. Practice evolves as new evidence is found. What was seen as best practice 20 years ago is unlikely to be seen as such today. What the evidence says for the treatment of a condition in a young athlete may not be appropriate for your elderly patient.

You must be able to evaluate the evidence you access:

- *What was the design of the study?*
- *How many patients did it include?*
- *Was there a control?*
- *Were there any biases?*
- *Was it recent?*
- *Are the conclusions the researcher makes appropriate?*
- *Has it been adopted widely? If not why not?*



Remember

Discuss your ideas / research evidence with your educator. Share what you have found and how you would like to use it.

- **Ability to reflect upon their application of evidence-based practice.**
 - *How do you use the evidence to now inform your practice?*
 - *How has what you have read or learned influenced your practice?*
 - *What benefits did it bring?*
 - *Will it change what you do in the future?*
 - *What challenges did you have?*

The value of EBP in physiotherapy practice is something consistently recognised as important but there is still wide variation in its implementation.

Your practice will continually change as you learn and develop as a physiotherapist. This is a lifelong skill. You may well notice gaps in the research or evidence base. Perhaps in the future it will be you who fills them.

9. Reasoning and intervention

Reasoning is fundamental to physiotherapy practice and is a skill that we will continue to develop as we learn and gain more experience. To put it simply, this is your ability to analyse information, evaluate its meaning, and decide the best course of action or intervention.

- **Ability to reason appropriate interventions to the needs of the setting and/or person**

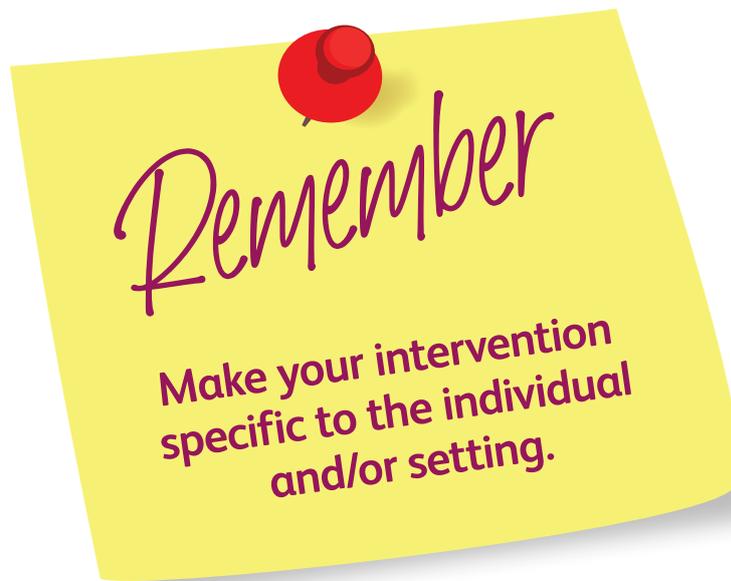
This skill is reasoning why you have chosen a specific intervention over others. How can you do this? Link this to your evidence based practice in the previous learning domain. Consider your setting; does this change your reasoning? Also, consider the individual needs of the individuals, communities or population to whom your intervention is aimed; does this change your reasoning?

For example: in a virtual placement you have been tasked to create a guidance document for students. You have two interventions in mind. To inform your decision-making you complete a literature search to understand what resources students find easier to use. You also speak to your target audience to understand their preference. From this, you have been able to reason the most appropriate intervention.

- **Ability to (safely) apply interventions appropriate to the needs of the setting and/or person**

Once you have chosen an intervention, it is now time to apply it safely. How? Before the intervention, you should assess any consequences by identifying risks, contraindications, or precautions. These can be risk to the patient, others, yourself, or the environment.

If you have identified any risks to yourself or others, you should adjust the intervention to address this. For example, choosing a different intervention, adjusting your technique, or even changing the setting.



- **Ability to monitor and review the ongoing effectiveness of interventions and modify if appropriate**

Where able, interventions should be monitored using outcome measures to see if they are making difference. Try to establish an appropriate outcome measure from the very beginning to use as a baseline and continue to review this regularly. This is useful for both you and the patient/target audience as it can provide feedback for both.

The effectiveness of any intervention will determine the next steps. A patient may require an onward referral, you may change your approach, they may be empowered to self-manage and be discharged or you may request a second opinion by a colleague or educator.

10. Recording information

We have previously discussed the importance of gathering and analysing information, now let's focus on how this information is recorded. Regardless of the placement setting, this is really important.

In a clinical placement, in person or remote, this includes your record keeping - more commonly referred to as 'patient notes'. Once qualified, you will have a professional and legal obligation to keep an accurate record of your interactions with patients. If no record is made, the law may consider the events not to have happened.

This domain is also very relevant on a non-patient facing placement, although it may be a bit trickier for you to picture how. We will explore this together and discuss how we make sure our recorded information is organised, understandable and accurate below.

- **Ability to identify and structure relevant information to record, demonstrating evidence of reasoning**

Being able to identify what information is important to record (*and what is not*) is essential. On a clinical placement, this will likely include selecting the relevant history and examination findings, differential diagnosis, patient concerns, preferences and goals, reasoning, interventions completed and the plan going forwards.

How about on a non-patient facing placement? You will be recording information here too such as identifying what to include when writing up a research project, considering what is relevant to present to colleagues or selecting what you will feed back to others.

- **Considering its purpose, is able to appropriately select and use a wide range of approaches and formats to record information**

It is crucial that patient notes give a clear and accurate account of any assessment and intervention. There is no set way to format this and you may find it differs between placements. For example, some may have paper notes, some electronic, some use templates to capture information and some may recommend a SOAP format (*subjective, objective, analysis, plan*). Discuss this with your educator – how would they like you to structure your information? You may want to ask to see examples of their notes, this is a great way to learn.

On a non-clinical placement consider this too. Think about how you can structure information in a way that is clear and understandable to achieve the impact it requires with an identified audience.

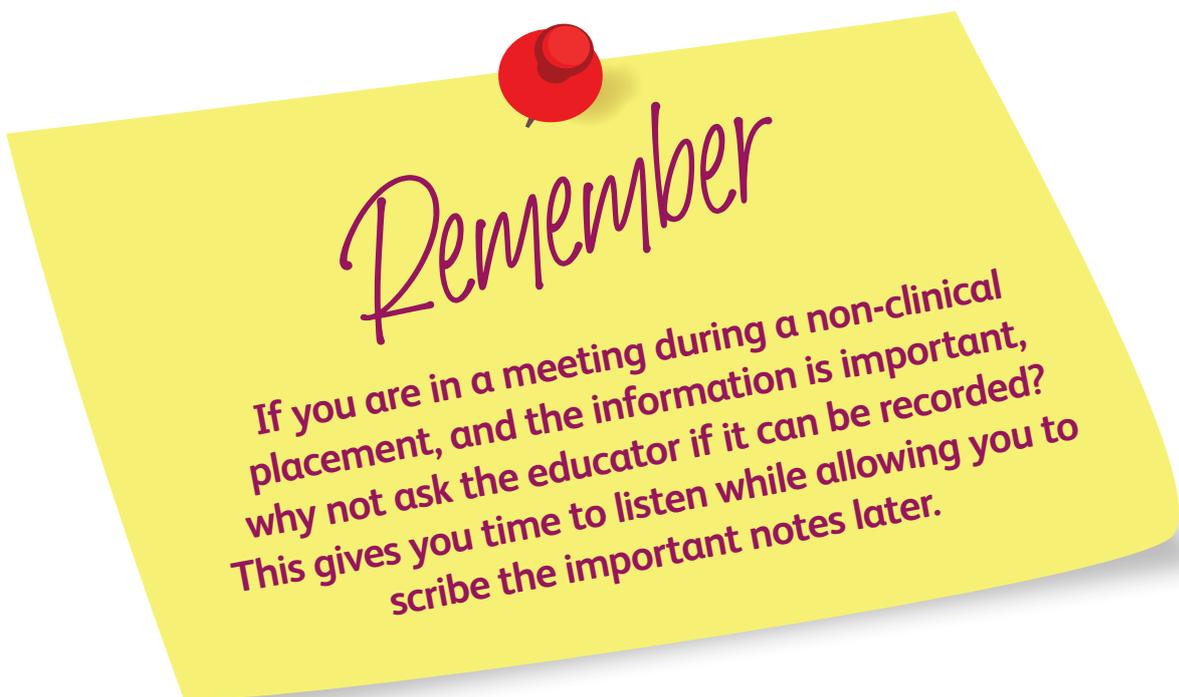
You should also think broader than record keeping. What other information do we record regularly in practice? Consider letters that you may write to other health care professionals, referrals, audit data and so on.

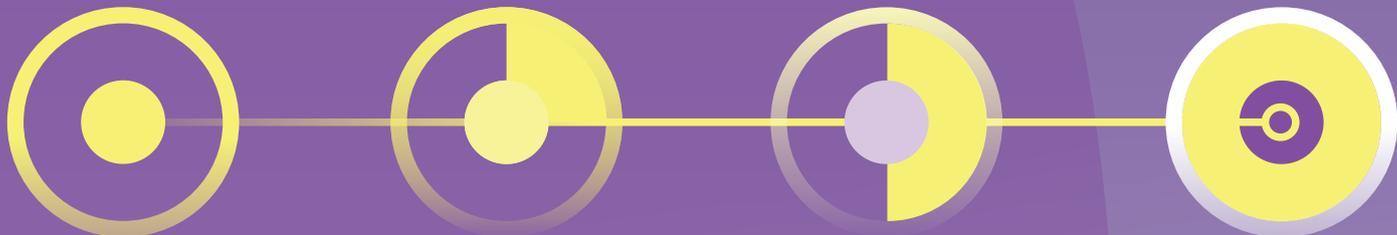
- **Ability to modify the approach and/or technique to record information.**

Being able to change how you record information dependent on the setting and subject is of key importance.

This may include choosing to either type your notes during a virtual subjective assessment or waiting until the end to improve eye contact and engagement. It could also involve adapting to use an electronic template.

Think about how your approach changes as you develop through the placement. For example, following a discussion of patient notes with a team member, you change the way you record information to make them more succinct.





Pre -placement

Learner

Learner prepares learning agreement

Factors that may impact on learning, SWOC analysis and consider personal development plan

Start of placement

Practice Educator & Learner

Placement details page

Learner

Learning agreement
Complete learning agreement following discussion and agreement with practice educator

Half way

Practice Educator & Learner

Halfway assessment

1. Professional Behaviours and Responsibilities
2. Learning Domains

Review Learning Agreement

End of placement

Practice Educator & Learner

End of placement assessment

1. Professional Behaviours and Responsibilities
2. Learning Domains

Review Learning Agreement

Practice Educator

Final Assessment Comments

Learning agreement applicable on every day on placement

*If **ANY concerns** at **ANY time** throughout the placement, please refer to the university immediately and if applicable, your organisational policy for failing students.*