Faculty of Health and Life Sciences

Department of Health Professions

Diploma of Higher Education for Operating Department Practitioners

Practice Education Placement Handbook

July 2013
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1. INTRODUCTION

Thank you for agreeing to take on the role and responsibilities of a mentor for students undertaking the Diploma in Operating Department Practice. Your responsibility towards the student is shared equally with the Course Team who is located at Coventry University.

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The partnership between mentor and the university is aimed at developing a student who will be eligible to register as a qualified Operating Department Practitioner with the Health and Care Professions Council (HCPC) after completion and achieving the course requirements. The aim will be to develop a practitioner who is:

- fit for purpose (employment)
- fit for award (University award of Diploma)
- fit for practice (meets the HCPC Standards of Proficiency for Operating Department Practice 2012)

For information on the Standards of proficiency for Operating Department Practitioners please go to www.hpc-uk.org

Prior to the perioperative placement practical 1, 2 & 3, the student will have gone through the following clearance and training programme:

- Disclosure and Barring Service (DBS) (previously known as Criminal Record Disclosure (CRB)) clearance
- Enhanced Prone Procedure (EPP) clearance from Occupational Health
- Resuscitation (CPR) Basic Life Support
## 2. ODP COURSE STRUCTURE

Diploma of Higher Education for Operating Department Practitioners 2013 Structure

<table>
<thead>
<tr>
<th>Week</th>
<th>Course Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td><strong>FRESHERS WEEK</strong></td>
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<tr>
<td></td>
<td><strong>Foundations in Communication and Professionalism (101CC)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Anatomy and Physiology and application of Perioperative Practice (116OD)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Maintaining safety in Perioperative care (117OD)</strong></td>
</tr>
<tr>
<td>5</td>
<td><strong>Intersessional Break</strong></td>
</tr>
<tr>
<td>6</td>
<td><strong>Initial Perioperative Placement Practical 1 (118OD)</strong></td>
</tr>
<tr>
<td>7</td>
<td><strong>Intersessional Break</strong></td>
</tr>
<tr>
<td>8</td>
<td><strong>Intermediate Perioperative Placement Practical 2 (119OD)</strong></td>
</tr>
<tr>
<td>9</td>
<td><strong>Perioperative care (120OD)</strong></td>
</tr>
<tr>
<td>10</td>
<td><strong>Cont’d..... Maintaining safety in Perioperative care (117OD)</strong></td>
</tr>
<tr>
<td>11</td>
<td><strong>Intersessional Break</strong></td>
</tr>
<tr>
<td>12</td>
<td><strong>Evidence Informed Practice and Decision Making (201CC)</strong></td>
</tr>
<tr>
<td>13</td>
<td><strong>Complex Perioperative Care (216OD)</strong></td>
</tr>
<tr>
<td>14</td>
<td><strong>Professional Issues, Leadership and Management for ODP’s (217OD)</strong></td>
</tr>
<tr>
<td>15</td>
<td><strong>Intersessional Break</strong></td>
</tr>
<tr>
<td>16</td>
<td><strong>Intersessional Break</strong></td>
</tr>
<tr>
<td>17</td>
<td><strong>Cont’d 201CC</strong></td>
</tr>
<tr>
<td>18</td>
<td><strong>Cont’d 216OD</strong></td>
</tr>
<tr>
<td>19</td>
<td><strong>Cont’d 217OD</strong></td>
</tr>
<tr>
<td>20</td>
<td><strong>Cont’d..... Continuing Perioperative Placement Practical 3 (215OD)</strong></td>
</tr>
<tr>
<td>21</td>
<td><strong>Leave</strong></td>
</tr>
</tbody>
</table>

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3. PRACTICE ELEMENTS OF THE PROGRAMME

3.1 Practice Placements

Placements will be provided in appropriate Operating Health Care setting within Coventry and Warwickshire including acute NHS Hospital Trusts and the Independent Sector. Allocation of students to clinical areas will be co-ordinated between the placement providers and the university. Practice hours are logged within a placement and University monitoring database to ensure completion of the required number of hours stated within the programme. Students will be required to ‘make up’ hours missed in practice to meet the course requirements.

In the Perioperative Placements 1+2 (118OD and 119OD) students will be exposed to core practice areas and will work undersupervision of the mentor. In Perioperative Placement 3 the student will be developing confidence in all skills acquisition, and still remain under (215OD) supervision of the mentor however, will experience more specialised areas of Operating Department Practice. Here there is an opportunity to negotiate an elective placement in preparation for employment at the end of perioperative placement 3. The focus of skills acquisition in the first year is scrub practice and anaesthesia processes and an introduction to post anaesthetic phase of preoperative practice as the student follows patient journeys. Within the second year this changes and moves towards skills acquisition in the post anaesthetic and the recovery care of patients. The student will have specialised placement in Obstetrics, Neurosurgery and or Cardiothoracic surgery (although surgery and anaesthesia skills acquisition will continue).

Students will maintain a log of practice experiences (in hours) for each care group they are exposed to and time spent in scrub, anaesthetics and recovery practice.

The status of Pre-registration students in practice placements.

- Students will remain ‘supernumerary’ throughout all the practice placements within the programme. They will be mentored within the placements by a Registered Operating Department Practitioner or Registered Theatre Nurse for a minimum of two shifts per week normally. Other supervision in practice can be offered by surgeons or anaesthetists.
- Students will be released to attend University for theory component of the programme.
- Students are not counted in the shift numbers/compliment.
- Students may be moved to facilitate an experience that is not available on the placement site to meet practice outcomes and exposure to care placement experiences e.g. Obstetrics, Cardiothoracic, or Neurosurgery, Paediatrics.
- Student are required to work all shifts including night duty where appropriate (no night duty in Practice Placement or Practice Placement 2). A maximum of 1 week night duty can be undertaken in year 2 of the programme
- Students may follow patient pathways of care between A/E Departments, wards, pre-assessment clinics, and other Operating Department Practice areas including intensive care/HDU areas.
- Students can work any shift hours up to a maximum of 40 hours per week. An increase in these working hours will only be granted by clinical placement area where agreement has been reached, incorporating a maximum of 24 hours sickness absence make-up time within the clinical placement, which must be logged and documented on the attendance record provided. Students must NOT incorporate all 24 hours make-up time within the same working week.
• Students can be released from practice to observe/participate in other learning activities such as surgical supplies, sterile services units, tutorials, case study work and care pathway experience in negotiation with the mentor and the university.

3.2 Assessment of Practice

3.2.1 Practice Competency document

• Students are assessed in practice via a ‘Practice Competency document’.

• There is separate assessment documentation for all three practice placement experiences.

Initial Perioperative Placement Practice 1 (118OD) 8 weeks
Intermediate Placement Practical 2 (119OD) 8 weeks
Continuing Perioperative Placement Practice 3 (215OD) 24 weeks

• Students will normally be located in a theatre suite within one trust/location, except where speciality placements are centrally located across Coventry and Warwickshire (e.g. Cardiothoracic, Neurosurgery Obstetrics Paediatrics and Accident and Emergency).

• Practice placements will normally be notified of student allocations four weeks prior to commencement of the experience.

• Students’ progress is monitored via progress interviews which take place at the beginning, middle and end of the practice experience.

• Mentors and students are supported in practice placements by the Link Tutor, who is a member of the course team.

• Mentors are responsible for ‘signing off’ the learning outcomes within the practice document. ‘Supervisors’ contribute to this process of assessment by signing off the skills a student may acquire during an experience. Supervisors can be doctors, surgeons, anaesthetists, Registered Nurses, ODP’s and the Mentor.

• Students must normally have every skill and learning outcome signed off in the grid to achieve a ‘pass’ in each practice module.

• The student and mentor are responsible for agreeing dates and meeting times to sign off the practice grid, prior to completion of the clinical practice experience.

• Students who do not achieve a pass in all of the practice outcomes will be ‘referred’ at the first attempt. A second attempt is permitted six weeks after commencing the next practice module. In the event of a referral an ‘action plan’ will be developed to assist the student in the next attempt. This process is undertaken between the Student, Mentor and Link Tutor.
Teacher. Practice placement resits are organised by the Course Placement Tutor.

- Students are required to achieve skills a minimum of ONCE per practice experience. (However, each skill can be met more than once if appropriate exposure can be achieved).

- Students are required to maintain a 'log' of hours met in practice. This is a separate Placement attendance record submitted with Practice document.

- Students are required to maintain a 'log' of 'care group' experiences that they are exposed to during their practice (Adult, Child, Neonates, Elderly, Mentally Ill, Learning Disabilities, and ITU/CCU/A&E/Pre S assessment). This is located in the Documentation

- Reflection in and on practice is considered to be an important practice activity and is assessed summatively in modules, and encouraged via mentor/student discussions and audit of practice meetings.

In Practical Placement Practice 3, students may be given the opportunity to undertake a four week 'elective experience'. This elective placement is available to students who have met the practice outcomes for the placement by week 20. The elective experience is negotiated between the Student and Course Placement Tutor and may be related to employment at the end of the programme, a speciality experience or area of interest.

Students undergoing the elective experience will be required to negotiate a learning contract with the Course Director prior to commencement of the placement.

The Course Director will expect the student to:

- Liaise with the elective placement provider to gain agreement to undertake the experience
- Obtain written confirmation of the above
- Obtain a copy of an ‘honorary contract’ from the placement provider (if the placement is outside of the University’s ODP Placement circuit).
- Organise and fund all expenses related to the placement.
- Maintain the standards and expectations of the University with regard to accountability, responsibility and professional behaviour.

The Course Director will provide the student undertaking elective experience with:

- Confirmation to the placement provider of the student’s status and learning contract.
- DBS/OH clearance confirmation
- Contact details of the Course Team
3.2.2 **Observed Structured Clinical Examinations (OSCE’s)**

This method of learning enables students to experience simulated learning in the safety of the clinical skills laboratories. The assimilation of this learning is tested via the students’ exposure to a number of work stations, which present the student with scenarios similar to those they will be exposed to within the practice setting. Students will be expected to respond to the scenarios to demonstrate their understanding of practice protocols and therapeutic interventions. Students rotate around each work station, and are observed by an assessor who scores the student against prescribed criteria. To gain a ‘pass’ in each station the student must achieve the ‘essential’ criteria identified within the marking schedule.
## Placement Structure

<table>
<thead>
<tr>
<th>Year</th>
<th>Practice Module</th>
<th>Practice Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Practice Placement Practice 1 (8 weeks)</td>
<td>Practice Placement Practice 2 (8 weeks)</td>
</tr>
<tr>
<td></td>
<td>CORE PLACEMENTS</td>
<td>CORE PLACEMENTS</td>
</tr>
<tr>
<td></td>
<td>FOCUS = INTRODUCTION TO ANAESTHETICS AND SCRUB</td>
<td>RECOVERY AND SKILLS ACQUISITION IN</td>
</tr>
<tr>
<td></td>
<td>Gynaecology</td>
<td>Gynaecology</td>
</tr>
<tr>
<td></td>
<td>Gastro intestinal</td>
<td>Gastro intestinal</td>
</tr>
<tr>
<td></td>
<td>Orthopaedic/trauma</td>
<td>Orthopaedic/trauma</td>
</tr>
<tr>
<td></td>
<td>Day surgery</td>
<td>Day surgery</td>
</tr>
<tr>
<td></td>
<td>Urology</td>
<td>Urology</td>
</tr>
<tr>
<td></td>
<td>ENT/Maxillo-facial*</td>
<td>ENT/Maxillo-facial*</td>
</tr>
<tr>
<td></td>
<td>Ophthalmic</td>
<td>Ophthalmic</td>
</tr>
</tbody>
</table>

*Students will be exposed to a minimum of three of the above core learning experiences. Those experiences identified by a * must be achieved once during the programme. Introduction to recovery is achieved by following a patient’s journey through the theatre suite.*

### OD Practice 3 (24 weeks)

<table>
<thead>
<tr>
<th>FOCUS = CONSOLIDATION OF ANAESTHETICS AND SCRUB SKILLS AND SKILLS ACQUISITION IN RECOVERY PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENT/Maxilla-facial*</td>
</tr>
<tr>
<td>Obstetrics*</td>
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<tr>
<td>Cardiac</td>
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<tr>
<td>Vascular</td>
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<tr>
<td>Ophthalmic</td>
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<tr>
<td>Plastics</td>
</tr>
<tr>
<td>Endoscopy</td>
</tr>
<tr>
<td>Neuro surgery</td>
</tr>
<tr>
<td>ITU/HDU**</td>
</tr>
<tr>
<td>Post Anaesthetic (Recovery)</td>
</tr>
</tbody>
</table>

*Students will be exposed to a minimum of two of the above specialist learning experiences. Those experiences identified by a * must be achieved once during the programme. Placement will be in the same location /trust , except where the experience is only available on one specific theatre site.*

** ITU/HDU exposure is desirable where available to follow patient pathways between theatres and critical care.

The elective experience will be negotiated between Course Director, Student and placement providers and can only be undertaken if the student has successfully achieved Practice 3 learning outcomes.

Students will be exposed to a variety of age groups during placement experiences, which will include infants, adolescents, adults and older adults, mentally ill and learning disabilities and CCU/ITU/A&E/Preassessment. A record of this exposure will be maintained within the practice grid.

Students will be required to maintain a log of all hours undertaken in the practice placements which must be verified by the mentor.
3.4 **Student support mechanisms**

**Mentors**

Mentors will support students in practice.

The criteria to be a mentor are;

- A Registered Operating Department Practitioner or Theatre Nurse (normally 6 to 12 months Post registration (CODP 2006))
- Attendance at mentor preparation session for the course
- Registration on Coventry University Mentor data base
- Support of line manager to undertake the role
- Maintain updating of role via attending the mentor conference, Placement Connect and Link Tutors.

The named Operating Department Practitioner/Theatre Nurse mentor will have the sole responsibility for assessing the student’s achievement of learning outcomes for practice, and as such carries the responsibility for making the final professional judgement regarding the student’s competence to practice with collaboration of those qualified members of staff who have supervised the student’s clinical practice on a daily basis.

**Clinicians**

Anaesthetists and Surgeons will also support students. Their role will be to offer students learning opportunities and to verify skills acquisition, thus contributing to the process of assessment. Supervisors will have the responsibility for making judgements regarding student’s clinical competence but signing off learning outcomes is the ultimate responsibility of the Mentor.

**Link Teachers**

Link Teachers are Operating Department Practice Tutors from the Department of Health Professions. Their role is to support mentors in clinical practice and conduct educational audits of the clinical learning environment. They also provide support for students while in practice placements.

**Supervisors**

Supervisors are registered health care professionals with experience in clinical practice. The supervisor is responsible for teaching and evaluating the students skill acquisition, recording the competence of the individual skills attained. It is not the responsibility of the supervisor to sign off the ultimate learning outcome, this is the mentor’s responsibility.

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**THE AIMS, LEARNING OUTCOMES OF THE COURSE**
Educational Aims of the Programme

The overall aim of this programme of studies is to produce an Operating Department Practitioner who can;

Demonstrate safe and competent practice for patients within Operating Department and related clinical areas.

Demonstrate professional autonomy and accountability.

Demonstrate professional relationships with patients, colleagues and other members of the multi-disciplinary team.

Identify and assess health and social care needs of individuals.

Formulate and plan and deliver strategies for meeting the health and social care needs of individuals.

Critically evaluate the impact of, or response to one’s own actions.

Develop knowledge, skills and attributes which reflect ODP Professional Standards of Proficiency (HCPC 2012).

Intended Learning Outcomes

The learning outcomes are grouped under the following headings;

- Subject knowledge and understanding
- Cognitive (thinking skills)
- Practical/professional skills
- Key (transferable skills)


Knowledge and Understanding

On successful completion of the programme a student should be able to demonstrate knowledge and understanding of:

KU1 Evidence Informed practice and application of research to problem solving.

KU2 Practice in a non-discriminatory manner to understand the role of the ODP as a team member, practitioner and healthcare professional as part of the multidisciplinary team.

KU3 The importance of being able to maintain confidentiality and obtain informed consent.

KU4 The main sequential stages of normal development, including cognitive, emotional and social measures of maturation throughout the life span.
KU5  Disease and trauma processes, and how to apply this knowledge to the planning of the patient’s perioperative care.
KU6  The types, properties, function, effects and contraindications of the drugs, gases, liquids and solutions commonly used within operating department practice and practise in accordance with relevant medical legislation.

Cognitive Skills

On successful completion of the programme a student should be able to demonstrate cognitive skills and:

CS1  Demonstrate effective and appropriate skills in academic study and enquiry.
CS2  Recognise the need to use interpersonal skills to encourage the active participation of patients, clients and users and utilise information from a range of sources including published research to make professional judgements.
CS3  Audit, reflect and review practice.
CS4  Employ the principles of operating department practice and their application to perioperative patient care in the anaesthetic, surgical and post – anaesthesia phases, maintaining and taking responsibility for the sterile field.
CS5  Employ the principles underpinning the safe and effective utilisation of equipment that is used for diagnostic, monitoring or therapeutic purposes in anaesthesia, surgery and post – anaesthesia care and resuscitation.
CS6  Correctly store, issue, prepare and administer prescribed drugs to patients, monitor the effects of drugs on patients and practise in accordance with relevant medicines legislation.

Practice skills

On successful completion of the programme one should be able to:

PS1  Exercise a professional duty of care and recognise the limits of their own practice and when to seek advice or refer to another professional.
PS2  Recognise the need for effective self-management of workload and resources and be able to practise accordingly.
PS3  Demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to members of the multidisciplinary team, patients, clients, users and their carers.
PS4  Undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment.
PS5  Undertake appropriate anaesthetic, surgical and post anaesthesia care interventions and be able to modify and adapt practice to emergency situations.
PS6  Keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines.

The principle teaching, learning and assessment methods used on the programme to achieve these learning outcomes are identified below;
Transferable skills

On successful completion of the programme one should be able to:

TS1 Communicate effectively with a wide range of individuals using a variety of means.
TS2 Evaluate his/her own academic, professional and clinical performance.
TS3 Utilise problem-solving skills in a variety of theoretical and practical situations.
TS4 Manage change effectively and respond to changing demands.
TS5 Take responsibility for personal and professional learning and development.
TS6 Manage time, prioritise workloads and recognise and manage personal emotions and stress.
5. RESPONSIBILITIES OF MENTORS AND SUPERVISORS

Process of Assessment

During placement the student must be assigned a mentor who holds a relevant teaching and learning qualification. The overall responsibility for the student with the practice area lies with the mentor.

Mentor Responsibilities:

The mentor must adhere to the Mentor checklist and sign the documentation accordingly.

Complete the introductory, intermediate and final interviews with the student. These should occur initially during the first week of their placement, at the mid-point of their placement and finally during the last week of their placement. Areas of achievement/good performance in addition to areas requiring further development should be discussed with the student and appropriate documentation completed. Areas identified as requiring further development must have an action plan which is agreed with the student. Where a student is considered to be underachieving, the mentor should contact the Course Leader in order to facilitate the support mechanism.

Mentors are responsible for overseeing the verification of skills and must meet with Supervisors during the introductory, intermediate and final stages of the students’ clinical placement to discuss the student’s development and progression. See 118OD,119OD and 215OD clinical competency documents and appendix 2 for collaborative curriculum.

It is the responsibility of the mentor to determine whether the learning outcome has been achieved to a satisfactory standard and provide the final signature. Mentors are reminded it is for them to make a professional judgement following consultation with the Supervisors. Comments in relation to the student’s performance whether positive or negative during achievement of the learning outcome, must be provided in the designated area of the documentation.

The Mentor is responsible for reviewing the student’s attendance monitoring record.

The Mentor must ensure their signature is entered on the Signatory List.

Supervisors Responsibilities

Verification of skills can be undertaken by any registered health care professional working within the practice area.

When the student has practiced the requisite skill under supervision it must be signed and dated by the supervisor.

Verification of the skill should not take place on the same day as skill is first observed. Time must be provided to practice the skill and acquire appropriate knowledge.

The supervisor must use their professional judgement to determine whether there is sufficient evidence that the student has achieved the skills acquisition based on the A, B, C criteria:

Skills Acquisition Verification - Assessment Outcomes:
A = Achieved required standards

B = Requires further training and development.

C = Not achieved required standard.

**Method of Assessment:**

Q = Questions

DO = Direct Observation

The supervisor must document the level of assessment achieved and method used, i.e. observation or questioning or both where it is justified. This must then be signed and dated accordingly.

The Supervisor only signs against the skill acquired; it is the responsibility of the mentor to determine if each learning outcome has been fully achieved.

It is the responsibility of the Supervisors to meet with the mentor before the intermediate and final interview with the student in order to discuss the student’s progress and development.

In order to support the student, it is the responsibility of the Supervisor to report to the mentor any concerns in relation to the students progress to facilitate the implementation of Action plans.

The Mentor/Supervisor needs to monitor student attendance by reviewing the student’s attendance log and report any discrepancies to the mentor.

All Supervisors must ensure their signature is entered on the Signatory List.

6. RESPONSIBILITIES OF THE STUDENT

July 2013
**Before placement:**

The student is responsible for self assessing their strengths and weaknesses in relation to their knowledge acquisition prior to their clinical placement; in order to identify specific learning needs and consider possible opportunities which they may request to develop their practical skills.

Contact the designated placement area to identify to whom, where and what time to report on the first day of attendance.

**During Placement**

Complete the introductory, intermediate and final interviews with your mentor. These should occur initially during the first week of your placement, at the mid-point of your placement and finally during the last week of your placement. Areas identified as requiring further development must have an action plan which is agreed between you and your mentor. Where a student is considered to be underachieving, the mentor will contact the Course Leader in order to facilitate the support mechanism.

Act professionally with regard to punctuality, attitude and image and dress according to uniform policy.

Maintain effective communication with patients/clients, mentors, clinical colleagues and university clinical link staff.

Maintain confidentiality with regard to patients/clients and their families, staff and placement areas.

Plan time with your mentor to reflect on your progress and achievement of the set learning outcomes and personal goals. Ensure documented assessment is completed at the appropriate time.

Demonstrate a willingness to work as part of the team in the delivery of health care.

Be proactive in seeking experiences appropriate for your level of practice; identifying your learning needs and communicating these with your supervisors and mentors.

Using the Record of Signatures page within the practice grid documentation, students must ensure they obtain the name, signature, clinical profession, date and clinical area of any person other than themselves who sign or comment within the practice grid.

Ensure the Reflective diary is kept up-to-date with one entry per week no more than 500 words in length. This must be discussed and reviewed with the mentor on a frequent basis.

Act promptly and communicate to your mentor any problems experienced such as, progress, supervision, teaching, learning opportunities and so forth.

Contact university link support promptly with any problems in relation to mentorship, required learning opportunities and any other concerns regarding placement.

Recognise the implications of continuous assessment in the development of your personal and professional skills.
Locate and be guided by policies and procedures as laid down by the allocated placement areas. (Please note there can be differences between the Trusts and the Independent Sector).

Contact the university and the placement area to report sickness and absence.

Ensure the Attendance Record is accurately completed by a permanent member of staff, Senior Grade.

Ensure the Practice documentation is accurately completed and kept safe at all times.

On completion of each learning outcome, it is the student’s responsibility to ensure the documentation is signed and dated by the mentor and also by themselves.

During the final interview between the student and the mentor, the students Assessment form of Communication skills, Attitudes and Behaviour must be completed. The outcome of the discussion is documented and must be signed and dated by the student and the mentor.

**After Placement**

Evaluate the placement, mentor, support and learning opportunities provided in a constructive, professional manner utilising the Clinical Evaluation Forms provided by the university.

Evaluate your achievements; discuss any areas requiring development with the Course Leader in order to develop an action plan for subsequent placements.

Maintain confidentiality in reflection and utilisation of practical experiences in discussion groups, portfolio and assignments.

Ensure the practice log is completed according to the course requirements and submit to the Assignment Handling Office on the designated date. It is advisable to take a photocopy of the practice grid prior to submission for students own records and reference.

**Student Progression**

ALL skills must be verified, signed and dated and ALL Learning Outcomes signed and dated as achieved to meet the pass requirements of the Practice Grid.

Students are permitted ONE RESIT of outcomes not achieved within the practice grid
7. THE STUDENT WHO IS FAILING OR STRUGGLING IN PRACTICE

Some students may appear to be struggling or failing in practice. There are many reasons for this and it is essential that the mentor attempts to discover what it is that may be contributing to the student not achieving in practice.

Gaining the trust, confidence and a positive learning environment with the mentor is key to resolving many difficulties that students’ experience.

This is achieved through regular communication and meetings with the student to monitor progress and provide positive feedback on achievements.

7.1 Actions to be taken when a student appears to failing to meet practice outcomes

- Ensure the student is aware of your concerns about their practice.
- Document your concerns clearly so that they understand what it is they are not achieving and which learning outcome or skill they are not demonstrating to a satisfactory standard.
- Discuss with the student what they need to do to demonstrate achievement of the learning outcome or skill and document this so they can refer to it again.
- Utilise the “Action Planning Process” to record your concerns and to plan how to overcome these problems. (For example see Annexe 2).

7.2 Who can help you?

- Contact the Link Teacher who is a member of the Course Team at the University to seek advice or confirm the action you have taken.
- Request a conjoint meeting between Link Teacher, Student and Mentor (take this action where there is considered to be a serious practice deficiency)
- Always request a meeting between Link Teacher, Student and Mentor where a student is to be referred in the learning outcomes for the practice placement.

7.3 Action Planning

- This activity should be undertaken as often as necessary during the placement
- Student will need sufficient time to meet the requirements of the action plan
- The plan should be realistic, measurable and achievable.
• The plan should be the outcome of a meeting in which student and mentor agree on its contents.

• Planning should include documented reports, which provide the student with positive feedback on progress.

• Plans should be indicators of progress or lack of progress and can be utilised to write final student reports and support reasons for referral in practice placements.
SICKNESS/ABSENCE POLICY

MONITORING PROCEDURE

Absences from the course may result in students NOT achieving the minimum number of curriculum hours and the course outcomes. Records are kept to determine how much of the absence must be made up or repeated to ensure that the above are met.

A record of all sickness and absence will be recorded on student references on completion of the course and this could, in some circumstances, lead to difficulty in obtaining a post if the record demonstrates excessive rates of sickness and absence.

Sickness/Absence in theory sessions

Theory attendance is monitored through a register provided by the module leader which is signed by the student for each recordable teaching session. Theory sessions include all lectures, tutorials, seminars and workshops. It is a student’s individual responsibility to sign all registers of attendance. The fraudulent signing of one student for another is viewed as a serious matter and will lead to referral to a Professional Suitability Panel.

Students who are sick/absent for more than 4 recordable teaching sessions will be interviewed by the module leader as to the cause of their sickness/absence and asked to demonstrate how they will make up the content of the sessions not attended.

Sickness/Absence in practice placements

Practice placement attendance is recorded through a Placement attendance record which students must take out with them to the practice placement. The log is signed off after each shift by the mentor or named supervisor for the shift. The student and mentor review the log of attendance on a regular basis to ensure all the required practice hours for each placement are being met. The student must submit the log of hours for practice placements with their practice competency documentation to the Assignment Handling Office on the designated date provided by the Module Leader.

Authorised Absences

Students can apply to the Course Director for authorised absence but this must be made up if it takes place in practice placement time.

Excess sickness/absences may result in students being back grouped.

FIRST DAY OF ABSENCE

The student must notify the Course Director/ Module leader/ clinical link tutor or administration team and practice placement as soon as possible and preferably before commencement of the shift via email or telephone.

SICKNESS UP TO 5 DAYS DURATION
Self-Certification is not usually required for sickness or absence lasting 1-2 days. Self-certification is, however, required for sickness/absence for 3-5 working days. Coventry University Self-Certification Forms can be obtained from Assignment Handling, and should be returned to the Placement Unit Office in James Starley Building.

SICKNESS LASTING MORE THAN 5 WORKING DAYS

If a student is sick for more than 5 working days he/she must see a doctor and submit a doctor’s statement covering the absence to the Academic Administrator immediately. All subsequent medical certificates should be submitted at required frequencies to the Academic Administrator.

RETURNING FROM ABSENCE

Students must maintain contact with their Course Director throughout any period of sickness absence and must advise of the expected date of return to the course. Evidence of incapacity must be provided, up to and including the last day before returning to the course. On the first day of return to the course from sickness students must notify the Course Director even if returning to a practice placement. Failure to do so will result in you continuing to be recorded as absent.

ABSENCE FOR OTHER REASONS

If a student is absent for reasons other than sickness it is her or his responsibility to obtain authorised absence in the first instance from the Course Director, if not available then another course lecturer. Failure to adhere to this policy will result in any absence being recorded as ‘Unauthorised’. Students are reminded that the University is duty bound to declare all episodes of sickness/absence in references supplied to future employers. Excessive amounts of sickness/absence may jeopardise a student’s ability to secure employment on completion of the course.

ABSENCE DUE TO PREGNANCY/CHILDBIRTH

If a student becomes pregnant, she should notify the Course Director /Programme Manager. An interruption to education is then negotiated. If a student wishes to continue attending the course beyond 28 weeks of her pregnancy, she will be required to submit medical clearance notes from her doctor or attending midwife to continue attending the course.

Once an interruption date has been decided the student will be interrupted until there is an appropriate point in the course when she can recommence, i.e. the student will be returning to the same stage that she had reached when her absence commenced. This may necessitate back grouping in order to ensure that the student is able to achieve the course outcomes.

LONG TERM SICKNESS/ABSENCE

Where there is long-term sickness/absence an interruption to the programme may be authorised by the Course Director/Programme Manager. In the case of sickness/absence, medical clearance by General Practitioner/Hospital Consultant and/or Coventry University’s Occupational Health Department will be required before training can be resumed. Dependent upon the period of interruption students may need to be ‘back grouped’ upon resumption.

STUDENT NOTIFICATION

Students and Course Directors can request printouts of records of the sickness and absence accrued.
MAKE-UP TIME

Students are permitted to make up time lost in practice due to absence or sickness up to a maximum of 24 hours in any one practice placement. This make up time should be negotiated by the student with the clinical placement area and a record of the make up time must be recorded on the students practice log of hours for the placement.

Make up time for sickness and absence in excess of 24 hours in any one placement will be negotiated by the student with the Course Director. This make up time will be undertaken during the students annual leave period in discussion and agreement with the placement providers. Students may not be able to negotiate which annual leave period is utilised for make up time; this is dependent upon when the practice placement providers can accommodate a student.

EXCESSIVE SICKNESS/ABSENCE IN PRACTICE PLACEMENTS

If a student fails to attend a particular practice placement or a substantial amount of practice, he or she may be interrupted from the course with immediate effect and, if necessary, may be required to repeat a complete placement. The Course Director will advise about this.
<table>
<thead>
<tr>
<th>Reason for Absence</th>
<th>Duration</th>
<th>Action</th>
<th>System 1 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness</td>
<td>Up to 5-working days</td>
<td>Self-certification via University form obtainable from reception</td>
<td>Sickness</td>
</tr>
<tr>
<td></td>
<td>Exceeds 5-working days</td>
<td>Doctor’s certificate</td>
<td></td>
</tr>
<tr>
<td>Antenatal Appointments</td>
<td>Where possible arranged outside timetabled activities.</td>
<td>Authorised absence via Course Director</td>
<td>Authorised Absence</td>
</tr>
<tr>
<td>Paternity Leave</td>
<td><a href="https://students.coventry.ac.uk/searchcentre/pages/results.aspx">https://students.coventry.ac.uk/searchcentre/pages/results.aspx</a></td>
<td>Authorised absence via Course Director</td>
<td>Authorised Absence</td>
</tr>
<tr>
<td>Special Appointments</td>
<td>Variable dependent on individual circumstance</td>
<td>Authorised by Course Tutor NB Routine appointments Should be made outside timetabled theory or practice.</td>
<td>Authorised Absence</td>
</tr>
<tr>
<td>Compassionate Leave</td>
<td>Variable dependent upon individual circumstances.</td>
<td>Authorised by Course Director.</td>
<td>Compassionate Leave</td>
</tr>
<tr>
<td>e.g. Family Death</td>
<td><a href="https://students.coventry.ac.uk/searchcentre/pages/results.aspx">https://students.coventry.ac.uk/searchcentre/pages/results.aspx</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. Immediate/ sudden crisis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers Absence</td>
<td>Variable dependent upon individual circumstances.</td>
<td>Authorised by Course Director</td>
<td>Carers Absence</td>
</tr>
<tr>
<td>e.g. Child sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.g. Dependent-related absence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending Job Interview</td>
<td>Reasonable attendance for job interviews. Where possible arranged outside timetabled activities</td>
<td>Authorised by Course Director</td>
<td>Authorised Absence</td>
</tr>
<tr>
<td>Attendance as witness in Criminal proceedings/Coroner’s Court/Jury Service</td>
<td>Variable.</td>
<td>When compulsory Programme Manager/ Associate Dean advised.</td>
<td>Authorised Absence</td>
</tr>
</tbody>
</table>

Where Course Director is not available the appropriate other ODP Lecturer or Course Administration office will assume responsibility for these student matters.

Personal & Professional
- Communication
- Assertiveness
- Emotional resilience
- Conflict resolution

**Organisational**
- Role Clarification
- Teamwork

**Ethical**
- Ethical values
- Decision Making
- Leadership

This is a developmental process and it is important that the student is able to see how the different strands interrelate and apply to their overarching course.

**Student Responsibilities**
Students will be expected to produce evidence from theory and practice to demonstrate they have achieved the capabilities within the collaborative capabilities framework (see appendix 1). Although this is an activity that students will be undertaking in practice it is not part of the practice assessment. Students however may ask for your advice in relation to the types of evidence they could gather. It is the student’s responsibility to gather this evidence. The student will collect anonymised evidence to support and demonstrate their progress towards the capability framework. This evidence will be discussed and assessed with the Academic Personal Tutor (APT) within the university setting.

**References**

College of Operating Department Practioners (CODP) (2006)