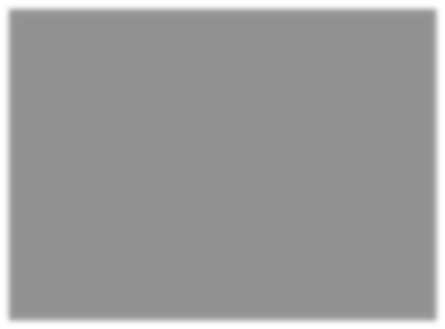
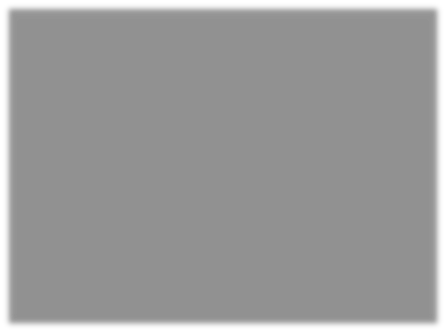
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| **Name of Student:** |  |
| **Student ID:** |  |



**NEW ZEALAND** **OCCUPATIONAL THERAPY**

**AOTEAROA WHAKAORA NGANGAHAU**

**Fieldwork Assessment**

**Occupational Therapy Practicum II (OCTY707)**

**Year 3 – Practicum 2 – 2024**

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| **2023 Placement Dates: 6 May – 27 June (8 weeks)**  **Please return the completed and signed booklet as email attachment to**  [**otplaceme@aut.ac.nz**](mailto:otplaceme@aut.ac.nz) **by Monday 1st July.** |

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| --- | --- |
| Te Whatu Ora District/School/Other |  |
| Hospital/Unit |  |
| Ward/Team/Area |  |
| Fieldwork Educator/s |  |

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| **AUT OFFICE USE ONLY** | |
| Clinical Administrator sign (upon receiving): | Practicum Leader sign (upon mark/moderation): |
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| **Practicum Two: General Overview**  The P2 placement block is part of a course called OCTY707: Occupational Therapy Practicum II. The Learning Outcomes for the paper are informed by the OTBNZ Competencies which form the basis for the National Fieldwork Assessment. |

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| **Fieldwork Assessment**  Assessment of fieldwork is both formative and summative. Feedback should be provided on a regular basis alongside regular supervision sessions. Midway and final assessment meetings are an opportunity for the student and the Fieldwork Educator to discuss and negotiate student evaluation of performance on placement. Students are also expected to self-evaluate, noting where they perceive they have achieved and presenting evidence to support their performance alongside the competency performance indicators.   * **Successful completion of this course requires the student to reach all competency performance indicators at or above the expected level of performance.** * **All competencies should be assessed. If you are unsure how to interpret the performance indicators in your setting, please contact the Clinical Centre Leader for your region and/or the AUT Practicum Leader.** |

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| **Midway Assessment**  The midway assessment is a formative opportunity to identify student-learning needs and provide specific feedback on the areas requiring improvement. Fieldwork Educators should clearly outline what the student needs to do to reach the expected level of performance as identified by the shaded box for each competency performance indicator by the end of the placement.   * **If there is evidence to suggest the student may not meet the expected level of performance in any given performance indicator by the end of the placement, please contact the AUT Practicum Leader immediately.** |

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| **Final Assessment**  The final assessment should be completed by the student and Fieldwork Educator at least two days before the end of the placement. A full report, summarizing the placement, is to be completed by the Fieldwork Educator. For each competency, please provide a description and specific examples of how the student has met each of the performance indicators and a brief comment on areas that require further development. **If any competency has not been met**, **provide a detailed description and examples of why the student has not met the competency.** The student is to complete a reflection and identify future learning objectives.  **\*\*\*The completed assessment MUST be signed by both the Fieldwork Educator and the student but only the Fieldwork Educator can email the booklet to AUT \*\*\*** |

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| Evaluation Criteria: | | |
| 1 | NOT ACHIEVED | Student is **not yet able** to demonstrate skills, knowledge and attitudes to perform safely at emerging level in the setting |
| 2 | EMERGING | Student is **beginning to demonstrate** some of the necessary skills, knowledge and  attitudes to perform safely in the setting. |
| 3 | APPROPRIATE | Student demonstrates **appropriate skills, knowledge and attitudes** to perform safely, although with some inconsistency, in the setting. |
| 4 | CONSISTENT | Student demonstrates **sustained and consistent** application of sufficient skills, knowledge and attitudes to perform safely. |
| 5 | EXCEPTIONAL | Student demonstrates **exceptional depth and breadth** in the application of skills,  knowledge and attitudes. |
| **COMPETENCY ONE: APPLYING WHAKAORA NGANGAHAU OCCUPATIONAL THERAPY KNOWLEDGE, SKILLS AND VALUES** | | | |

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| **Performance Indicator** | **Midway** | | | | | **Final** | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 1.1 You apply an occupational perspective to your practice. |  |  |  |  |  |  |  |  |  |  |
| 1.2 You use a range of communication and active listening strategies with people receiving services. |  |  |  |  |  |  |  |  |  |  |
| 1.3 You work with and support people and/or whānau to optimise occupational participation. |  |  |  |  |  |  |  |  |  |  |
| 1.4 You consult and collaborate with people and/or whānau to establish sustainable interventions that align with their aspirations. |  |  |  |  |  |  |  |  |  |  |
| 1.5 You use the occupational therapy process with people. |  |  |  |  |  |  |  |  |  |  |
| 1.6 You use current theory and evidence to make decisions in your practice. |  |  |  |  |  |  |  |  |  |  |
| 1.7 You record and justify your assessment and/or intervention plan |  |  |  |  |  |  |  |  |  |  |

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| Midway Feedback (Fieldwork Educator): |

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| Midway reflection and Action Plan (Student): |

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| Final Feedback (Fieldwork Educator): |

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| **COMPETENCY TWO: RESPONSIVENESS TO TE TIRITI O WAITANGI** |

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| **Performance Indicator** | **Midway** | | | | | **Final** | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 2.1 You identify your own cultural values and beliefs and any conscious or unconscious bias. |  |  |  |  |  |  |  |  |  |  |
| 2.2 You understand the meaning of tino rangatiratanga for Māori and your practice responsibilities under te Tiriti O Waitangi. |  |  |  |  |  |  |  |  |  |  |
| 2.3 You incorporate principles of tikanga, manaakitanga and kaitiakitanga in your practice. |  |  |  |  |  |  |  |  |  |  |
| 2.4 You develop your understanding and use of te reo Māori and other taonga. |  |  |  |  |  |  |  |  |  |  |
| 2.5 You identify whānau tikanga, wairua and hauora to improve outcomes. |  |  |  |  |  |  |  |  |  |  |

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| Midway Feedback (Fieldwork Educator): |

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| Midway reflection and Action Plan (Student): |

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| Final Feedback (Fieldwork Educator): |

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| **COMPETENCY THREE: DEVELOPING AND SUSTAINING PARTNERSHIPS** |

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| **Performance Indicator** | **Midway** | | | | | **Final** | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 3.1 You work proactively and respectfully with others. |  |  |  |  |  |  |  |  |  |  |
| 3.2 You share your knowledge, skills, ideas and resources with the team. |  |  |  |  |  |  |  |  |  |  |
| 3.3 You communicate in an honest and mana-enhancing manner. |  |  |  |  |  |  |  |  |  |  |
| 3.4 You collaborate and consult with the person, whānau and team to ensure coordinated service delivery. |  |  |  |  |  |  |  |  |  |  |
| 3.5 You use devices, apps and other digital tools to benefit your teams and/or people receiving your services. |  |  |  |  |  |  |  |  |  |  |

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| Midway Feedback (Fieldwork Educator): |

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| Midway reflection and Action Plan (Student): |

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| Final Feedback (Fieldwork Educator): |

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| **COMPETENCY FOUR: PRACTICING IN A SAFE, LEGAL, ETHICAL, SUSTAINABLE AND CULTURALLY COMPETENT WAY** |

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| **Performance Indicator** | **Midway** | | | | | **Final** | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 4.1 Your actions comply with the legislation, regulations, service standards and professional and ethical guidelines relevant to your area of practice. |  |  |  |  |  |  |  |  |  |  |
| 4.2 You identify and manage the boundaries between personal and professional relationships with care and integrity. |  |  |  |  |  |  |  |  |  |  |
| 4.3 You respect differences in culture, identity, and ethnicity, and adapt your practice to meet the needs of the person and/or whānau receiving your service. |  |  |  |  |  |  |  |  |  |  |
| 4.4 You keep appropriate records of the services you provide. |  |  |  |  |  |  |  |  |  |  |
| 4.5 You manage your own health and wellbeing appropriately so that you are fit to practice safely. |  |  |  |  |  |  |  |  |  |  |

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| Midway Feedback (Fieldwork Educator): |

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| Midway reflection and Action Plan (Student): |

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| Final Feedback (Fieldwork Educator): |

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| **COMPETENCY FIVE: PRACTICING RESPONSIVELY AND UPHOLDING THE OCCUPATIONAL THERAPY PROFESSION** |

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| **Performance Indicator** | **Midway** | | | | | **Final** | | | | |
|  | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| 5.1 You reflect on your own competence, knowledge, skills and attitudes. |  |  |  |  |  |  |  |  |  |  |
| 5.2 You update your knowledge on current theories, techniques and technologies appropriate to the area of practice. |  |  |  |  |  |  |  |  |  |  |
| 5.3 You demonstrate professional behaviour and presentation appropriate to the context. |  |  |  |  |  |  |  |  |  |  |
| 5.4 You participate in regular supervision in a manner which supports your ongoing development. |  |  |  |  |  |  |  |  |  |  |

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| Midway Feedback (Fieldwork Educator): |

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| Midway reflection and Action Plan (Student): |

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| Final Feedback (Fieldwork Educator): |

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| **FIELDWORK EDUCATOR FINAL EVALUATION:** |

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| **Please indicate whether all performance indicators have been met:** | |
|  | Yes |
|  | No - **Please contact the Practicum Leader immediately.** |

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| Overall Summary/Recommendations (Fieldwork Educator): |

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| **STUDENT FINAL EVALUATION:** |

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| Student Reflection on Placement and Summary of Performance: |

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| Student Learning Objectives (Identify three areas for development in future practice): |

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| **STUDENT HOURS (Expected Total: 320)** |

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| --- | --- |
| **Student Name** |  |
| **Student ID** |  |
| **Placement Provider** |  |

**For the purposes of recording student hours, it is assumed the student *will*complete 320 hours.  However, if the student is absent at any stage, and/or completes hours to make up absences, please record this below.**

NOTES:

1. Do not include lunchbreak each day in total hours.
2. Parts of hours are calculated by rounding, i.e. minutes within the 1st half-hour are rounded back to the hour. Minutes past the 1st half-hour are rounded forward to the next hour.
3. The maximum hours that can be credited for the placement will be 320 hours.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Absence Date/s:**  (eg 03/03/15-15/03/15) |  | **Reason (eg sick/medical appointment etc):**  *(visible area only available for use.)* |  | **Hours:**  (to be deducted) |
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|  |  | **Total absent hours:** |  |  |

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| **Date/s additional/make up hours completed:** |  | **Location hours completed:**  *(eg Orthopaedics/self-study. Visible area only available for use.)* |  | **Hours:**  (to be added) |
| **INCLUDES ANY HOME-BASED/REMOTE FIELDWORK HOURS** |  |  |  |  |
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|  |  | **Total extra hours:** |  |  |
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|  |  | **TOTAL HOURS COMPLETED ON PLACEMENT** |  |  |

**I/we certify the ‘total hours completed on placement’ shown above is correct:**

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| **Supervisor/s Signature:** *Enter primary & other Supervisor/s name/s.)* |  | **Date:** |
|  |  |  |