

Master in Occupational Therapy (MOT) (Course Code: 51068)

PROGRAMME WEBSITE
www.rs.polyu.edu.hk

ENQUIRY
General Office
Tel: (852) 2766 6730
Fax: (852) 2330 8656

Master in Occupational Therapy (MOT) January 2022 Clinical Education Manual



This document applies to
2021-2022
Cohort

TABLE OF CONTENTS

TOPIC	PAGE
(i) Foreword	2
(ii) Clinical Education Team	3
1 Programme Structure	4
2 Philosophy of Clinical Education	6
3 Clinical Education I	16
4 Clinical Education II, III and IV	20
5 Policy and Procedure	29
6 References	37
Table 1 – Expected Professional Attitude, Knowledge and Skills (CEI)	38
Table 2 – Grading	39
Table 3 – Expected Professional Attitude, Knowledge and Skills (CEII)	40
Table 4 – Expected Professional Attitude, Knowledge and Skills (CEIII & IV)	41
Table 5 – Guidelines for Grading Student	42
Appendix 1 – Subject Description Forms	44
<i>CLINICAL EDUCATION I (RS5371)</i>	44
<i>CLINICAL EDUCATION II (RS5372)</i>	47
<i>CLINICAL EDUCATION III (RS5373)</i>	50
<i>CLINICAL EDUCATION IV (RS5374)</i>	52
Appendix 2 – Student Assessment Report for CEI	55
Appendix 3 – Student Assessment Report for CEII	59
Appendix 4 – Student Assessment Report for CEIII and CEIV	64
Appendix 5 – Travelling Allowance Reimbursement Form	70
Appendix 6 – Accident/Incident Report Form (Health, Safety and Environment Office)	71
Appendix 7 – Departmental Guidelines on Returning Clinical Reports to Students	73
Appendix 8 – Application for Clinical Report on Clinical Education	74
Appendix 9 – Guidelines for Primary Health Care Project	76

(Remarks: The content of the CE manual is subject to change.)

(i) FOREWORD

Clinical education is an essential part of occupational therapy, which aims to integrate theory with practice. Under the guidance of experienced clinicians and educators, students learn clinical reasoning, professional knowledge and skills as well as professional ethics and behaviour in real clinical settings.

Successful clinical education depends on a partnership among students and teachers (clinical educators and faculty members), as well as between students and clients. This clinical education programme designed for Master of Occupational Therapy programme has been based on discussions and feedbacks from clinicians working in Hospital Authority, Non-government Organizations and Private Sector who serve a wide range of clients in Hong Kong. I thank them for their contributions and commitments in nurturing the next generation of occupational therapists for our society.

I encourage all students to capitalize on the tremendous learning opportunities that are available to you in clinical education. Work diligently, with dedication and enthusiasm and you will find the rewards far outweigh even the effort that you commit to your own learning.

Finally, I would like to thank all the faculty members and clinical educators of the occupational therapy programme for their commitment and dedication to the training of our students.

Dr Benson Lau
Programme Leader
Master in Occupational Therapy

(ii) CLINICAL EDUCATION TEAM

Master in Occupational Therapy

Name	Tel.	Room	E-mail
Ms. Josephine Wong (Clinical Coordinator & Senior Clinical Associate)	2766 6744	QT526b	josephine.mw.wong@polyu.edu.hk
Mr. Johnny Lam (Deputy Clinical Coordinator & Clinical Associate)	2766 6747	QT524	johnny.wh.lam@polyu.edu.hk
Ms. Vera Lam (Clinical Associate)	3400 3249	QT523	vera1.lam@polyu.edu.hk

Bachelor of Sciences (Hons) in Occupational Therapy

Name	Tel.	Room	E-mail
Ms. Josephine Wong (Clinical Coordinator & Senior Clinical Associate)	2766 6744	QT526b	josephine.mw.wong@polyu.edu.hk
Ms. Melva Yip (Deputy Clinical Coordinator & Clinical Associate)	2766 6745	QT525	melva.yip@polyu.edu.hk
Dr. Wilson Tang (Clinical Associate)	2766 6695	QT523	wilson-yf.tang@polyu.edu.hk
Ms. Bonnie Jim (Deputy Clinical Coordinator (Overseas Exchange) & Clinical Associate)	2766 4180	QT523	bonnie.jim@polyu.edu.hk

CHAPTER ONE

PROGRAMMEME STRUCTURE

1. THE MASTER IN OCCUPATIONAL THERAPY (MOT) PROGRAMMEME:

The 2-year MOT programme has a structured credit-earning curriculum. The programme consists of a total of 90 credits to be covered in 6 semesters. The credits are divided into 23 foundation credits, 43 professional credits and 24 clinical credits. This programme has been planned to produce competent practitioners in occupational therapy who are capable of continuing professional and personal development to meet specific needs of Hong Kong.

2. THE AIMS OF THE PROGRAMMEME ARE TO:

The overall aim of the programme is to equip the students to become qualified occupational therapists who can practice occupational therapy autonomously, safely and effectively in different settings, and to quickly meet the societal need in NGOs.

2.1 To provide students with professional education programme that is based on theories of occupation, client-centred practice and equalization of opportunities for all members of the community. Our graduates will be committed to life-long learning, the education of their clients, the public and the next generation of therapists;

2.2 To actively nurture a culture of scholarship, open inquiry, research, and partnership through linkages with people with disabilities, clinical colleagues and the local and international community;

2.3 To contribute to the future direction of rehabilitation services, policies and innovations in Hong Kong; and

2.4 To strengthen formal and informal links with colleagues and organizations in China to support the development of services for people with disabilities and the occupational therapy profession including clinical service, education and research.

3. UPON COMPLETION OF THE MASTER IN OCCUPATIONAL THERAPY (MOT) PROGRAMMEME, GRADUATES SHOULD BE ABLE TO:

Professional/academic knowledge and skills

3.1 Synthesise current biological, behavioural, social and clinical sciences for occupational therapy practice with due reference to the holistic approach in health care issues;

- 3.2 Identify patients'/clients' functional problem resulting from development dysfunction, physical dysfunction, psychosocial dysfunction and /or ageing process, plan, and provide quality and evidence-based OT programmes to help them fulfil own life roles and function independently in the community;
- 3.3 Contribute to the planning, organising, managing, leading and assuring the quality of services of an occupational therapy unit;
- 3.4 Understand the local and international health and labour policies and trend, identify market needs for OT services, and engage in service development and public education for Hong Kong and China;
- 3.5 Effectively use English/Chinese (verbal and written) to communicate and interact effectively with clients, care-givers, peers, colleagues and other health care professionals with clarity and sensitivity in professional manner;
- 3.6 Effectively use interpersonal skills to enhance treatment process and reduce misunderstanding and conflict among peers, patients, care-givers and team members;
- 3.7 Continue ongoing and professional development through participation in professional conferences, workshops, postgraduate studies so as to keep abreast of local and internal professional and technological developments in particular the field of rehabilitation.

Attributes for all-roundedness

- 3.8 Demonstrate leadership skills in student organizations, social functions, outside visits to demonstrate the leadership;
- 3.9 Translate ethical principles into responsible and accountable behaviour and exhibit appropriate personal and professional conduct; and
- 3.10 Act as responsible citizens fulfilling social and civic duties to promote quality of life among people with disabilities in Hong Kong and China.

CHAPTER TWO

PHILOSOPHY OF CLINICAL EDUCATION

1. WHAT IS CLINICAL EDUCATION?

- 1.1 Clinical education is the guided integration and practice of knowledge and skills used in the delivery of occupational therapy services. The purpose is for students to integrate knowledge, professional reasoning and professional behaviour within practice, and to develop knowledge, skills and attitudes to the level of competence required of qualifying occupational therapists (WFOT, 2016).
- 1.2 It is a vital part of the educational process within the curriculum, which includes both academic and clinical components.
- 1.3 Clinical education provides an opportunity for students to blend [conceptual and procedural pre-occupational] kinds of knowledge, and transfer them in ways that enhance the development of competent practitioners (McBrien, 2006).
- 1.4 It covers a spectrum of experiences from early observational visits in health care settings, simulated experiences of healthcare cases and situations, and students are involved with patient care under supervision (Ash, Walters, Prideaux, and Wilson, 2012).
- 1.5 It involves student immersion in the workplace for varying periods of time and as such is analogous to broader constructs of work-based learning or work-integrated learning (Jackson, 2015).
- 1.6 Clinical education also provides an opportunity for students to experience a holistic health care team approach to client care, to explore alternatives and seek solutions to real problems, as well as to learn by doing.

2. AIMS AND OBJECTIVES OF CLINICAL EDUCATION

- 2.1 The aims of clinical education are to:
 - provide students with the opportunity to consolidate, integrate, apply and evaluate knowledge, attitudes and skills learned at The Hong Kong Polytechnic University in occupational therapy settings;
 - provide students with opportunities to develop professional identity and to appreciate the role of a professional member of a health care team; and
 - provide students with the opportunity to further develop such abilities as analytical thinking, problem solving and critical thinking, essential for ongoing personal growth and professional development.

2.2 Upon completion of clinical education, students will be able to:

- integrate and apply knowledge and skills learned at The Hong Kong Polytechnic University to occupational therapy settings;
- apply communication skills, assessment and treatment planning, treatment implementation and programme documentation skills in occupational therapy practice;
- conduct regular review and evaluation of occupational therapy practice;
- demonstrate an ability to liaise and to work collaboratively with other members of a health care team, patients/clients and caregivers;
- demonstrate professional values and behaviour, including taking initiative, having a sense of responsibility, accountability, clinical problem solving and critical thinking skills; and
- demonstrate attitudes and behaviours in accordance with the Supplementary Medical Professions Ordinance Code of Ethics.

2.3 The clinical education programme consists of 4 independent subjects, Clinical Education I (RS5371), Clinical Education II (RS5372), Clinical Education III (RS5373) and Clinical Education IV (RS5374) (Appendix 1, the syllabus for the specific aims and intended learning outcomes of each clinical education subject).

3 INTEGRATION OF THEORY AND PRACTICE

3.1 Educational philosophy for Clinical Education

- Occupational therapy has relied on clinical education (fieldwork) as one of the important components of professional preparation to acculturate occupational therapy students to the profession ever since its inception. Clinical education for students intends to integrate knowledge, professional reasoning and professional behaviour within practice, and to develop knowledge, skills and attitudes to the level of competence required of qualifying occupational therapists (WFOT, 2016). Through clinical education, occupational therapy students learn to integrate and apply their knowledge and skills in a controlled practice setting under supervision (Ash, Walters, Prideaux, and Wilson, 2012). To reflect such belief, both academic study and clinical education are integral parts of the Master in Occupational Therapy Programme at The Hong Kong Polytechnic University with appropriate allocation of academic credits.
- Occupational therapy values are embedded in the following themes including a) the development of human potential, b) self-determination/autonomy, c) meaningful activities, d) role fulfilment, e) adaptation, f) meeting the challenges of daily living, and g) humanism

(Opacich, 1995, p.162). The Master in Occupational Therapy Programme at The Hong Kong Polytechnic University has incorporated these values into its curriculum such that students are not only acculturated to, but also have the opportunities to experience and practice them throughout the academic and clinical education processes. Within the academic components, different teaching approaches are encouraged, and differences in students' learning needs and styles are respected. In the clinical education arena, the traditional mentor-protégé approach is recognized and other ways of clinical teaching and learning are also explored and encouraged.

- To achieve the goal of training competent entry-level occupational therapy practitioners, academic faculty and clinical educators work closely together to ensure the best integration of academic teaching and clinical education. It is mandatory that a student needs to achieve a satisfactory result in both specified academic and clinical objectives at each level before progressing to the next higher level of study (**horizontal integration**). The granting of the final award of the programme is based on the achievement of the overall academic and clinical objectives of the programme (**vertical integration**). The integration between various subjects' content areas also focuses on and forms the basis for the student assessment throughout different levels of clinical studies.

3.2 Levels of the integration process

The integration between academic teaching and clinical studies incorporates the following three basic levels of the integration process (Reay, 1986):

- *Knowledge integration*

Students acquire in The Hong Kong Polytechnic University factual knowledge, e.g. anatomy, psychology and occupational therapy process, which needs to be reinforced in clinical settings.

- *Conceptual integration*

Students learn in The Hong Kong Polytechnic University how to gather knowledge from several sources and put them together to form a coherent framework for professional practice, for example, the concept of selecting an appropriate treatment approach for a certain client group. Students then have the chance to see how this concept is realized in the clinical setting.

- *Practice integration*

Students learn in The Hong Kong Polytechnic University how to translate knowledge, attitudes and skills into appropriate professional behaviours and practice in clinical settings.

3.3 Integration between Academic Subjects and Clinical Education (CE) Subjects

3.3.1 Allocation of academic subjects and clinical education subjects

YEAR 1

<u>1st Semester</u> Semester 2, 2021/22 Academic Year		<u>2nd Semester</u> Semester 3, 2021/22 Academic Year		<u>3rd Semester</u> Semester 1, 2022/23 Academic Year	
<i>13 weeks</i>		<i>13 weeks</i>		<i>13 weeks</i>	
<i>Course</i>	<i>Cr</i>	<i>Course</i>	<i>Cr</i>	<i>Course</i>	<i>Cr</i>
RS5308 Functional Anatomy	2	RS5352 Clinical Sciences in Musculoskeletal Conditions	3	RS5357 OT Theory and Process II	3
RS5358 Human Occupations	4	RS5360 OT for Physical Dysfunction I (Musculoskeletal Conditions)	4	RS5354 Clinical Sciences in Psychiatric Conditions	4
RS5355 OT Foundations in Human Performance	4	RS5303 Research Methods and Statistics	3	RS5362 OT for Psychosocial Dysfunction	4
RS5356 OT Theory and Process I	3	RS5351 Clinical Sciences in Developmental Conditions	2	RS5372 CE-II (280 hours)	7
RS5302 Clinical Neuroscience and Neurology	3	RS5305 Rehabilitation Psychology	3		
		RS5371 CE- I (175 hours)	3		
TOTAL NO. OF CREDITS	16		18		18
				RS5324 Research Project (Phase I: Formulation of Research Topic)	

YEAR 2

4th Semester Semester 2, 2022/23 Academic Year		5th Semester Semester 3, 2022/23 Academic Year		6th Semester Semester 1, 2023/24 Academic Year			
<i>13 weeks</i>		<i>13 weeks</i>		<i>16 weeks</i>			
<i>Course</i>	<i>Cr</i>	<i>Course</i>	<i>Cr</i>	<i>Course</i>	<i>Cr</i>	<i>Course</i>	<i>Cr</i>
RS5359 OT for Developmental Dysfunction	3	RS5364 Occupational Therapy and Vocational Rehabilitation	3	RS5324 Research Project	3	RS5373 CE-III (280 hours)	7
RS5361 OT for Physical Dysfunction II (Medical and Neurological Conditions)	3	RS5363 OT management in Geriatric Practice	3				
RS5353 Clinical Sciences in Medical and Neurological Conditions	3	RS5323 Administration and Management	3			RS5374 CE-IV (280 hours)	7
RS5366 Environmental Issues in OT practice	3						
<i>RS5324 Research Project (Phase II: Data Collection and Analysis)</i>				<i>RS5324 Research Project (Phase III: Oral Presentation and Written Report)</i>			
TOTAL NO. OF CREDITS	12		9				17

3.3.2 Year 1 Subjects

Academic subjects that would be taken by students before Clinical Education I and II are as follows:

- In “Functional Anatomy” and “Clinical Neurology & Neuroscience”, students acquire the foundation for understanding a person from the biological perspective, and start to develop better understanding of neurological conditions, gaining the key blocks of clinical knowledge and skills.
- Through the "Human Occupations" subject, students learn about occupations (daily living tasks, work and leisure), tasks, activity analysis, the occupational therapy intervention process, and knowledge in developmental psychology and role development throughout the lifespan.

- In “OT Foundations in Human Performance” subject, students gain knowledge on the nature and functions of sensor-motor skills, cognitive-perceptual skills, and psychosocial functioning in human beings. It prepares the students to assess human performance in terms of motor, sensory-perceptual, cognitive, and psychosocial functioning and to appreciate the clinical application of assessments for clients with injuries or disabilities interpret and analyze assessment results essential for occupational therapy practice.
- In “Occupational Therapy Theory & Process I and II”, students study the historical development, philosophical beliefs, and ethical considerations of the profession; occupational therapists' roles and functions in local clinical settings; the development of occupational therapy theories, different models and guidelines for practice, techniques and culturally relevant activities commonly employed by occupational therapists in Hong Kong.
- In “Research Methods and Statistics”, students gain the concept of and methodology used in scientific inquiry and its application to health care research, which forms the basis for the development of critical thinking and problem-solving abilities in occupational therapy practice. In the semester 3 of the first year, students will begin to formulate of a research topic, which will be carried out in second year.
- In “Rehabilitation Psychology”, students learn about the psychological processes of adjustment to trauma, disability, and illness which prepare the students to examine their values of helping, to develop basic communication skills needed in building a helping relationship with clients.
- Through subjects “Clinical Sciences in Developmental conditions”, students acquire the theoretical and basics of clinical conditions with different developmental conditions. Students will base on the knowledge of this subject to gain competence in assessing and providing occupational therapy interventions for patients/clients with problems associated with different developmental conditions after their study of subject “Occupational Therapy for Developmental Dysfunction” in Year II.
- Through subjects, including “Clinical Sciences in Psychiatric Conditions”, “Occupational Therapy for Psychosocial Dysfunction”, “Clinical Sciences in Musculoskeletal Conditions” and “Occupational Therapy for Physical Dysfunction I (Musculoskeletal Rehabilitation)”, students gain competence in assessing, planning, implementing and evaluating occupational therapy interventions for patients/clients with problems associated with musculoskeletal and psychosocial conditions.

Clinical Education I (175 hours)

- This subject enables students to gain orientation to the delivery of OT service in the community. It provides students with the opportunity to identify functional problems encountered by people with disabilities, and the roles and functions of an occupational therapist, as well as to observe the occupational therapy intervention process within various clinical settings.
- Through active participation in different types of accredited activities, students will understand various forms of occupational therapy service or health care promotion activities delivered in primary health care settings.
- Students are not yet expected to plan a complete assessment or a rehabilitation programme, though they may be given opportunity to observe, reflect, and perhaps try out assessment and treatment techniques under close supervision.
- Students will be guided to develop appropriate professional attitude and behaviours, especially toward establishing rapport with patients/clients and staff of the occupational therapy unit, which form the basis for more advanced studies in semester 3, 4, and 5.

Clinical Education II (280 hours)

- This subject provides students with the opportunity to participate as contributing members of a multidisciplinary/rehabilitation team and enhances their experience in adopting a holistic approach to client care.
- Students begin to consolidate and apply occupational therapy knowledge, attitudes and skills learned in The Hong Kong Polytechnic University to assess, plan, and implement occupational therapy intervention programmes for patients/clients suffering from common conditions in the fields of physical and psychosocial dysfunction. Students will also be guided to evaluate and/ or modify their rehabilitation programmes as appropriate.
- Students will be given more opportunities to treat various types of patients/clients as well as to reflect on their clinical practice. They will also be encouraged to assume responsibility for tasks related to negotiated objectives and develop the autonomy they will need as qualified practitioners.

3.3.3 Year 2 Subjects

Academic subjects that would be taken by students before Clinical Education III and IV are as follows:

- Through the subject “Occupational Therapy for Developmental Dysfunction”, students gain competence in assessing, planning, implementing and evaluating occupational therapy interventions for patients/clients with problems associated with different developmental conditions.
- Through the subjects “Clinical Sciences in Medical and Neurological Conditions” and “Occupational Therapy for Physical Dysfunction II (Medical & Neurological conditions)”, students gain competence in assessing, planning, implementing, and evaluating occupational therapy interventions for patients/clients with problems associated with medical and neurological conditions.
- In the subject “Environment Issues in Occupational Therapy Practice”, students gain knowledge and skills in addressing issues in the physical environment that may affect patients'/clients' reintegration into the community, using environmental adaptation/modification and application of advanced or computer technology.
- The subject “Occupational Therapy and Vocational Rehabilitation” provides students with knowledge and skills of vocational rehabilitation to specific populations, as well as guides students to evaluate practice of vocational rehabilitation in terms of its evidence base.
- The subject “OT Management in Geriatric Practice” provides the students with a deeper understanding on the current trends relating to clinical assessment and occupational therapy interventions for the multi-faceted clinical problems of geriatric clients and well elderly.
- The subject “Administration and Management”, students learn to be aware of the current healthcare system in Hong Kong and around the world. Students also acquire the concepts of entrepreneurship and management so as to cope with their future roles as a manager and clinician in a variety of practice settings.
- Through the “Research Project”, students integrate their knowledge in professional practice and research in a group project, under supervision of faculty members. This grouped work experience also helps prepare students for further academic pursuits, for future lifelong learning, and for developing their generic competencies. The nature, format and content of the project may vary across groups to meet student's learning needs and interest.

Clinical Education III (280 hours) & IV (280 hours)

- These two subjects provide students with the opportunity to further consolidate, integrate, and apply knowledge, skills and attitudes learned at The Hong Kong Polytechnic University to occupational therapy practice.
- Students are expected to take responsibilities to seek guidance, to update their knowledge and skills, and to develop independent problem-solving skills, as well as to evaluate their own practice and the rehabilitation programmes independently.
- Students will be guided to evaluate, with respect to management theories and techniques learned, the appropriateness of basic managerial functions for managing independent occupational therapy practice and day-to-day administration of the occupational therapy unit.

On the completion of their Clinical Education III & IV, students will become competent and reflective occupational therapists who are self-motivated and have positive attitudes towards continuing personal growth and professional development.

3.3.4 Mechanisms to enhance integration

- New academic staff and clinical educators should be fully oriented to the course syllabus, academic regulations, and expectations in academic performance and clinical education.
- Before the commencement of each clinical block, students are required to attend a pre-clinical seminar to gain an understanding of the expectations and learning areas of each clinical education block. Through attending pre-clinical seminars, students could consolidate and practice clinical skills required for their assigned clinical settings and sub-specialities.
- During clinical placements, clinical educators, in collaboration with visiting faculty members, should assist students to relate theory to practice, to reflect on their clinical experience, and to evaluate the knowledge and skills learned at The Hong Kong Polytechnic University and clinical settings.
- At the end of each clinical block, student feedback or debriefing meetings in the form of post-clinical seminar is conducted to achieve the above purpose.
- Clinical experience and university-based learning are scheduled to ensure an integrated and progressive approach to the development of competency to practice. The collaboration between academic and clinical personnel is encouraged to enhance the exchange of knowledge and skills. Clinical educators will be invited to conduct

lectures, tutorials and practical or joint research seminars at the Hong Kong Polytechnic University, whilst academic staff members are also encouraged to conduct clinical teaching or case studies in clinical educational settings. Exchange and circulation of teaching material, case studies, and research findings are encouraged. Such a joint approach aims to enhance theory to practice, and ensure the consistency of grading among fieldwork settings.

4. BASIC PRINCIPLES OF ASSESSMENT

- 4.1 Assessment is an important component of the teaching-learning process. It is used to measure learning outcomes.
- 4.2 Feedback about students' performance must be immediate and continuous.
- 4.3 The students' learning during clinical education should mirror the students' progression through the course, to the stage at which their practical and clinical reasoning skills are consistent with the achievement of master degree standard.
- 4.4 Students' performance during all clinical placements, CEI to CEIV, will be assessed according to "Intended Learning Outcomes" listed on subject description forms (Appendix 1).
- 4.5 Particularly for CEII, III, IV, students are encouraged to develop their individual learning plan before the beginning of each placement together with the visiting faculty members and the clinical education team. This plan acts as a reference to the students and clinical educators to facilitate students' preparation before the placement starts and enhance students' learning during the placement.
- 4.6 The above principles should apply to each period of clinical placement for all settings providing clinical education to occupational therapy students.

CHAPTER THREE
CLINICAL EDUCATION I

1. PROGRAMMEME CONTENT OF CLINICIAL EDUCATION I

The detailed programme content varies according to the different types of settings. The following are the general elements, which will be included in Clinical Education I (CEI):

- 1.1 observation of various roles and functions of occupational therapists in a variety of clinical settings;
- 1.2 observation of clients' occupational performance in daily living tasks, work and leisure;
- 1.3 observation of holistic approach to occupational therapy intervention process and team work approach;
- 1.4 planning and implementation of activity analyses and therapeutic activities under close supervision; and,
- 1.5 demonstration of appropriate professional attitudes and manners in establishing rapport with clients, communication with staff and assuming responsibility.

2. ASSESSMENT METHODS

- 2.1 Assessment is based on coursework and continuous assessment.
- 2.2 The structure and content of the coursework vary according to the setting and the stage of student learning. The components may consist of a student's observation report on a client, an assessment report on identification of function vs. dysfunction of patients/clients, an activity analysis and/or a reflective journal. Details will be discussed at the pre-clinical session.
- 2.3 The continuous assessment of students' performance includes professional attitude and behaviour, professional knowledge and skills (see Table 1 for expected behaviour of CEI).
- 2.4 At the end of the CEI placement, the overall performance will be commented on the coursework completed (including a primary health care project, please refer to Appendix 10 for the details) and the professional attitude and behaviour demonstrated. Clinical Educators are encouraged to offer comments on students' performance, using the report form as shown in the Appendix 2.

3. GRADING

- 3.1 At the end of the CEI placement, an overall grade is awarded to the student based on his/her performance in the areas of professional attitudes and behaviours, professional knowledge and professional skills (see Table 1). The overall performance of CEI will be rated using an assessment form. The guidelines for grading student are stipulated in Table 5.
- 3.2 The student need to achieve a grade **C** or above in order to pass the CEI placement.
- 3.3 The final overall grade has to be endorsed by the Board of Examiners. If a student fails in the clinical placement, a retake placement may be granted by the Board of Examiners. This is to be read together with section 8 of the MOT Programme Requirement Document.

4. STUDENTS HAVING DIFFICULTY IN CLINICAL EDUCATION

4.1 Policy

The following measures are in place such that adequate assistance will be offered to students who experience learning difficulties in order to maximize his/her chance of reaching the pass standard of a specific period of the clinical placement:

- The student should be made aware of his/her learning difficulties as soon as such problem is identified.
- The clinical co-coordinator/representative must be notified regarding the learning difficulties of the student by the clinical educator or the visiting faculty member as early as possible.
- A full spectrum of remedial strategies should be offered to the student (see section 4.2 for details).
- The whole process should be kept confidential. Information should only be released to parties concerned.

4.2 Procedure

When a student expresses or is noted to experience difficulties in learning during the period of clinical education, the clinical co-ordinator or his/her representative should form a group to offer help to the student.

The group will consist of:

- the student;
- the visiting faculty member;
- the clinical educator; and

- the clinical co-ordinator or his/her representative (the convenor) of The Hong Kong Polytechnic University.

The team should meet/discuss once as early as possible after the learning difficulties are noted in order to formulate remedial strategies.

The remedial strategies ensure that the student is encouraged to, for example:

- A plan, formulated by the student with the assistance of the concerned parties, to note down clearly on the strategies that can help to solve the learning difficulties;
- Seek help from subject leader concerned;
- Revise related textbooks and lecture notes;
- Meet with his/her student advisor;
- Consult a Student Counsellor at The Hong Kong Polytechnic University;
- Seek help from related professionals (e.g., medical doctor, etc.); and
- Any other resources that would facilitate the remediation.

The role of the convenor is to ensure that the remedial strategies have been properly implemented.

5. STUDENTS RETAKING THE CLINICAL PLACEMENT (CEI)

5.1 Students failing the CEI may be granted a retake of CEI.

5.2 Students may not be granted a retake of placement (de-registration) if:

(i) the student has exceeded the normal period of registration as specified in the MOT Programme Requirement Document, *unless approval has been given for extension*; OR

(ii) the student's Grade Point Average (GPA) is lower than 1.7 for two consecutive semesters and his Semester GPA in the 2nd semester is also lower than 1.7; OR

(iii) the student's GPA is lower than 1.7 for three consecutive semesters.

The Board of Examiners has the flexibility of not granting the students with a retake placement if the students have extremely poor academic and/or clinical performance before the time specified in the (ii) or (iii) stated above, or to allow students who fall into categories (ii) or (iii) to stay on the programme and grant with a retake placement, despite their satisfying the conditions of not granting a retake placement, if there are good reasons.

5.3 The time of offering the retake placement may depend on the availability of placement.

- 5.4 If allowed to remain in the programme, the student failing in the clinical placement will be required to retake the clinical placement. If the student pass the retake placement, the final grade for the placement block will be the grade of the retake.
- 5.5 A clinical education subject may only be retaken once. A student failing in a re-take subject is required to withdraw from the programme.
- 5.6 Before commencing the retake placement, the student should be given the opportunity to discuss and draw up a list of his/her own strengths and weaknesses together with the clinical co-ordinator or his/her representative of The Hong Kong Polytechnic University.
- 5.7 At the beginning of the retake placement, the student should be encouraged to discuss with the clinical educator his/her strengths and weaknesses. Together with the clinical educator, they should develop specific learning objectives for the student.
- 5.8 The visiting faculty member and the clinical co-coordinator/representative should monitor the student's progress during the clinical placement in order to enhance the achievement of learning outcomes.

CHAPTER FOUR

CLINICAL EDUCATION II, III and IV

1. PROGRAMME CONTENT OF CLINICAL EDUCATION II, III, and IV

The progression in Clinical Education II, III, and IV (CEII, CEIII, and CEIV) through the course programme is clearly identified within the “Intended Learning Objectives” for each clinical placement: from knowledge acquisition and demonstration of basic skills in basic levels; to the assessment, planning, implementation and evaluation of occupational therapy intervention under supervision, in advanced levels (see Chapter two and Appendix 1).

1.1 Learning Plan (OPTIONAL)

In order to facilitate the progress of the student through the learning continuum from knowledge acquisition, through reflective evaluation and critical analysis, to proactive practitioner; students are encouraged to adopt an active and student-centred approach to learning. For CEII, III and IV, students may develop a learning plan facilitate their preparation and development of self-directed learning skills and professional accountability in practice during the clinical placement.

1.1.1 Purposes of the learning plan are:

- to encourage students to take responsibility for his/her learning;
- to encourage students to plan and prepare the clinical learning prior to clinical education
- to assist him/her to integrate own learning experience within the field of practice of the setting;
- to facilitate him/her to tailor the preparation work of clinical experience for learning; and

For the Clinical Educator and Visiting Faculty Member:

- to support and guide the students’ learning.

1.1.2 Components of the learning plan:

- **Learning areas:** The student will list his/her own learning tasks, taking into account the field of practice within the setting, his/her previous clinical experience and own needs.
- **Strategies, resources and actions:** The student will list the preparation and actual works of performing the learning tasks.

1.1.3 Other learning tool

- Students are encouraged to develop an observation log and/or a learning portfolio to record supervised observation / clinical experience as part of reflective learning to organize their learning experience.

1.2 *Learning schedule*

Within the programme in each placement, the student will write the learning schedule for the tasks that he/she will be participating in.

1.2.1 The student-learning schedule:

- With the particular clinical learning programme of the setting, the student will be arranged and allocated for different learning tasks. With each learning task, the student will outline the schedule of work, which leads to the accomplishment of the task. It includes the preparation and the actual works.
- The learning schedule aims to help the student to take an active role in preparing for the learning tasks during the clinical placement.
- The learning schedule will fit into the student's own time-table of work for the placement within the programme offered by the particular setting.

1.2.2 The aims of the learning schedule are:

For the student:

- to encourage him/her to take responsibility for his/her learning;
- to facilitate him/her to tailor the preparation work and management his/her own time that is specific to each of the learning tasks; and

For the Clinical Educator:

- to help in guiding the students' preparation and actual work for their learning.

1.2.3 Format of the learning schedule:

- The format of the learning schedule is flexible to suit the best of the individual student's learning style. It can be a timetable, a plan or a mental picture to prepare for a particular task.

2. ASSESSMENT METHODS

- 2.1 The assessment is based on a continuous and qualitative assessment approach.
- 2.2 Clinical educators, in consultation with the visiting faculty members, will assess the performance of the students through structured observation of students' performance in *professional attitude and behaviour, professional knowledge, and professional skills* during each clinical placement. Besides midway and final evaluation, structured regular feedback should be provided to the students at regular intervals (preferably on weekly basis).
- 2.3 Professional attitude and behaviour, professional knowledge, and professional skills required should increase in both quantity and quality as the student's progress to higher levels (see Table 3 for the expected behaviours of CEII; and Table 4 for the expected behaviours of CEIII and IV).

3. GRADING

- 3.1 At the end of each period of clinical placement, the clinical educator awards a grade to the students according to the grading system for all subjects as stipulated in the MOT Programme Requirement Document (see page 25 of the document). In order to: (1) ensure the professional competency, and (2) fulfil the requirement for professional registration of our graduates, it has been approved by the university to adopt grade "C" as the pass grade for clinical education since 2012, i.e. students will fail the clinical education subject if they could not achieve grade "C" or above, and they need to retake the clinical placement. The guidelines for grading student are stipulated in Table 5.
- 3.2 The student has to achieve a grade C or above in order to pass each period of clinical placement.
- 3.3 The following elements should be considered by the clinical educators before awarding the final overall grade to the student:
 - performance of the student in professional attitude and behaviour, professional knowledge, and professional skills; and
 - comments from the visiting faculty member.
- 3.4 The final overall grade has to be endorsed by the Board of Examiners. If a student fails the clinical placement, a retake placement may be granted by the

Panel. This is to be read together with section 8 of the *MOT Programme Requirement Document*.

4. STUDENTS HAVING DIFFICULTY IN CLINICAL EDUCATION

4.1 Policy

The following measures are in place such that adequate assistance will be offered to students who experience learning difficulties in order to maximize his/her chance of reaching the pass standard of a specific period of the clinical placement:

- The student should be made aware of his/her learning difficulties as soon as such problem is identified.
- The clinical co-coordinator/representative must be notified regarding the learning difficulties of the student by the clinical educator or the visiting faculty member as early as possible.
- A full spectrum of remedial strategies should be offered to the student (see section 4.2 for details).
- The whole process should be kept confidential. Information should only be released to parties concerned.

4.2 Procedure

When a student expresses or is noted to experience difficulties in learning during the period of clinical education, the clinical co-ordinator or his/her representative should form a group to offer help to the student.

The group will consist of:

- the student;
- the visiting faculty member;
- the clinical educator; and
- the clinical co-ordinator or his/her representative (the convenor) of The Hong Kong Polytechnic University.

The team should meet/discuss once as early as possible after the learning difficulties are noted in order to formulate remedial strategies.

The remedial strategies ensure that the student is encouraged to, for examples:

- A plan, formulated by the student with the assistance of the concerned parties, to note down clearly on the strategies that can help to solve the learning difficulties;
- Seek help from subject leader concerned;
- Revise related textbooks and lecture notes;
- Meet with his/her personal tutor;

- Consult a Student Counsellor at The Hong Kong Polytechnic University;
- Seek help from related professionals (e.g., medical doctor, etc.); and
- Any other resources that would facilitate the remediation.

The role of the convenor is to ensure that the remedial strategies have been properly implemented.

5. STUDENTS RETAKING THE CLINICAL PLACEMENTS (CEII, III, IV)

- 5.1 If under the stated level of guidance for a clinical placement, the student fails to 1) practice in a safe manner that minimizes risk to clients, self, and others, or 2) adhere to ethical and/or legal practice standards, or 3) achieve a satisfactory level of performance, he/she will be awarded a grade 'F'.
- 5.2 The time of offering the retake placement may depend on the availability of placement.
- 5.3 Students may not be allowed to retake placement (de-registration) if:
- (i) the student has exceeded the normal period of registration as specified in the MOT Programme Requirement Document, *unless approval has been given for extension*; OR
 - (ii) the student's Grade Point Average (GPA) is lower than 1.7 for two consecutive semesters and his Semester GPA in the 2nd semester is also lower than 1.7; OR
 - (iii) the student's GPA is lower than 1.7 for three consecutive semesters.

The Board of Examiners has the discretion of not granting the students to retake placement if the students have very poor academic and/or clinical performance before the time specified in the (ii) or (iii) stated above, or to allow students who fall into categories (ii) or (iii) to stay on the programme and grant with a retake placement, despite that they did not satisfy the conditions of retaking a placement.

- 5.4 If allowed to remain in the programme, the student failing in the clinical placement will be required to retake the clinical placement. If the student pass the retake placement, the final grade for the placement block will be the grade of the retake.
- 5.5 A clinical education subject may only be retaken once. A student failing a retake subject is required to withdraw from the programme.
- 5.6 Before commencing the retake placement, the student should be given the opportunity to discuss with and draw up a list of his/her own strengths and weaknesses together with the clinical co-ordinator or his/her representative of The Hong Kong Polytechnic University.

- 5.7 At the beginning of the retake placement, the student should be encouraged to discuss with the clinical educator his/her strengths and weaknesses. Together with the clinical educator, they should develop specific learning objectives for the student.
- 5.8 The visiting faculty member and the clinical co-coordinator/representative should monitor the student's progress during the clinical placement in order to enhance the achievement of learning outcomes.
- 5.9 In accordance with The Hong Kong Polytechnic University academic regulations, only the grade obtained in the final attempt of retaking will be included in the calculation of the Grade Point Average (GPA). The grades obtained in previous attempts will only be reflected in transcript of studies.
- 5.10 In Year II, if a student's clinical performance is unsatisfactory or if the clinical placement is incomplete, he/she may be permitted to enter the final examination, but the degree will not be awarded until all clinical placements have been satisfactorily completed.

6. RESPONSIBILITIES OF RELEVANT PARTIES IN CLINICAL EDUCATION

6.1 Responsibilities of students:

Students should assume the following responsibilities when undertaking clinical education:

- Attend the pre-clinical seminar (all CE blocks) and the pre-clinical workshop (CEII, CEIII & IV); attendance hours will be counted into clinical hours.
 - Revise knowledge and practice skills that have been acquired as specified in the syllabus prior to the clinical placement;
 - Draft & submit the learning plan;
 - Review and update knowledge of infectious control;
 - Take initiative to contact the clinical educator for information related to the placement to:
 - introduce oneself and clarify with clinical educators the expectations on uniform and hours of work; and
 - organize further background reading preparation in relation to the client groups to be met
 - Contact visiting faculty member to discuss and formulate the learning plan (if applicable);
 - Prepare a log book to keep the learning plan and schedule and any other relevant materials for reference;
 - Participate actively in the learning process and seek advice from both the clinical educator and visiting faculty member when encountering problems in meeting the learning objectives during the clinical placement;
 - Adhere to the administrative procedures and regulations of the facility;
 - Maintain appropriate professional manner and presentation;
- For example:
- be punctual
 - maintain confidentiality
 - keep accurate records of treatment
- Attend and give feedback during the post-clinical seminar.

6.2 Responsibilities and duties of visiting faculty member (VFM)

The responsibilities and duties of the VFM include the following:

Before clinical placement:

- Liaise closely with the clinical education team, the clinical educator and students in formulating the student learning plan, including the following:
 - assist students to set individual learning plan;
 - assist students to identify strategies, resources and actions necessary for the learning plan;
 - plan together with the student and the clinical educator teaching-learning activities (e.g., tutorial, seminar, case discussion, etc.) and resources that need to be provided based on the learning plan.

During clinical placement:

- Pay visits to clinical settings and/or meet with students (*) during the entire block of clinical placement;
- Provide support and suggestions to facilitate student learning;
- If necessary, VFM will discuss with students the linking of theory with practice, issues concerning clinical problems, case management and progress; and contribute to the teaching-learning activities as set in the learning plan.

(* Regular visits: The VFM is, under usual circumstance, expected to pay visits to and/or meet with the student at the beginning, the midway and the final part of the placement. The frequency may vary according to the needs and progress of the students.)

After the clinical placement:

- Provide feedback to the clinical education team for further enhancement of clinical education.

6.3 Responsibilities and duties of clinical educators

(Clinical) supervision refers to the process of overseeing the student's implementation of an occupational therapy process, where the clinical educator is responsible for the quality of the student's practice and the safety of the recipient of occupational therapy (WFOT, 2002). The responsibilities and duties of the clinical educator include the following:

Before clinical placement:

- Plan and explain to students general objectives appropriate to the level of clinical education in a specific clinical setting;
- Liaise closely with the clinical education team and the visiting faculty member and provide information and support that helps the students to formulate the student learning plan; and
- Plan and implement the clinical education subject in collaboration with the visiting faculty member and clinical education team.

During clinical placement:

- Guide students to apply skills of collecting and integrating relevant information about clients for the purpose of formulating, implementing, evaluating and modifying treatment plans;
- Discuss with students' client performance, progress, clinical interventions, and issues related to clinical reasoning;
- Design and implement teaching-learning strategies (e.g., demonstration, observation, peer review, case discussion, recommendation to review relevant references and resources etc.);
- Guide and develop students' learning abilities in clinical settings, in collaboration with VFM. In CEI, clinical educators should provide more structured teaching and guidance. When students progress to CEII, III and IV, clinical educators should allow more autonomy in order to facilitate a self-directed approach for active learning;
- Discuss students' progress regularly with the visiting faculty members to monitor the performance of the students;
- Provide ongoing feedback, e.g. structured weekly feedback and midway evaluation, to students on their performances, paying particular attention to their strengths and weaknesses;
- Use the Student Assessment Report to assess students' performance in the final evaluation; and
- Complete the student report (see Appendix 2-5) and send it to The Hong Kong Polytechnic University Clinical Education Team upon completion of the subject.

After clinical placement:

- Provide feedback to the clinical education team and VFM for further improvement of clinical education.

CHAPTER FIVE
POLICY AND PROCEDURES

1. ALLOCATION POLICY

In compliance with the standard set by the World Federation of Occupational Therapists, students in the Occupational Therapy programme must complete a **minimum of 1,000 hours** of guided experience in working with clients in occupational therapy settings (WFOT, 2002).

The students must have at least a minimum of five weeks' clinical experience in:

- a physical setting; and
- a psychiatry or mental health service setting.

The clinical hour is normally calculated as 8 hours per day.

2. ALLOCATION CRITERIA

Other than CEI, students will be allocated to placements according to the following criteria:

- Students must attend at least one psychiatric/mental health placement and one placement in a physical rehabilitation.
- Students will not be placed with the same clinical educator twice as they progress through the programme (not including CEI).
- Students will not be placed in the same setting as they progress through the programme.
- Students will be placed in as many fields of OT practice as possible.

3. LEAVE WHILE ON CLINICAL EDUCATION

3.1 A total of 1,000 hours of supervised clinical practice is the minimum requirement of the World Federation of Occupational Therapists for all occupational therapy students. These hours are spread across the 2-year course in block placements. It is essential that students complete the specified minimum number of hours for each block.

3.2 In cases of absence, students must make up the non-attendance hours to fulfil the requirement of individual block and the minimum number of 1000 hours in total. At the end of each clinical education period, the total hours of placement should be stated on the report form, which is signed by the clinical educator, student and visiting faculty member.

- 3.3 Students may be granted special leave for the following reasons during placement, but they will be required to make up the time if the total number of leave dates (including sick leave) is two days or more:
- Illness;
 - Death of an immediate family member;
 - Court appearance;
 - Job interviews during the final year placements; or
 - Urgent personal matters with relevant supporting documents or evidence.
- 3.4 **Full attendance** at every component of the Clinical Education Series is compulsory. If for any reason the student cannot attend his/her placement, the student must inform the clinical educator, visiting faculty member or/and any PolyU clinical team member and PolyU secretary for clinical education as well (2766 6730) by telephone **BEFORE 8:30 am** of that day (or leave messages, when the clinical educator/PolyU secretary for clinical education is unable to be contacted at the time).
- 3.5 In case if the student takes one day leave or more during the placement, the visiting faculty member should be notified as soon as possible. If taking leaves for two consecutive days or more, the Clinical Education coordinator / representative should be notified via the visiting faculty member.
- 3.6 Students who are absent due to illness for one day or more will be required to produce a doctor's certificate. If the student must be absent from his/her placement for any other legitimate reason (one day or more) he/she must submit a request, in writing to his/her Clinical Educator, requesting permission for the absence, stating legitimate reasons.
- 3.7 If a student is absent, with legitimate reasons, and does not fulfil the required clinical hours of any one placement, he/she will have to make up for the missed hours (or equivalent as endorsed by the Subject Assessment Review Panel) at a later date subject to the availability of placement and the academic curriculum. After completion of the make-up hours, the grade associated to the student's performance will be given. A student, who does not complete a clinical placement without legitimate reasons, will be awarded a grade 'F'.
- 3.8 Students are entitled to roster or allocate days off to coincide with their clinical educators, providing the total hour requirements of each block and of the whole programme are met. If students have not completed sufficient hours, they will be required to work the roster day off under the supervision of another staff member in the same clinical setting. If this is not possible, they should have the roster day off and make up the time later, within that clinical education block.
- 3.9 Flexi-time may be used to provide extra hours if clinical educators feel that such learning experience is beneficial.

4. BAD WEATHER ARRANGEMENT

Suggested arrangement of clinical placement during bad weather*#

Tropical Cyclone Warning Signal No. 1 or 3 Amber or Red Rainstorm Warning	Clinical placement will be held as scheduled		
Tropical Cyclone Warning Signal No. 8 or above	When the Hong Kong Observatory announces during the time/period specified that Signal no. 8 or above is likely to be hoisted within the next two hours OR when the signal is hoisted during the period OR an 'extreme condition' announcement issued by the Government is in force:	Between 6:30 am and 12:00 noon	The morning session will be cancelled
		Between 12:00 noon and 2:00 PM	The PM session will be cancelled. If the student has already reported duty in AM, the CE should release student as soon as practical
	When the Hong Kong Observatory announces during the time/period specified that Signal No. 8 or above is lowered to No.3 or below OR 'extreme condition' is cancelled by the Government	Before 9:00 am	Depends on the weather conditions and the availability of public transport, students should report duty as soon as practicable
		Before or at 12:00 noon	PM session will be continued as scheduled
		Between 12:00 noon and 2:00 pm	Depends on the weather conditions and the availability of public transport, students should report duty as soon as practicable
After 2:00 pm	Students do not need to report duty		
Black Rainstorm Warning	When Black Rainstorm Warning is hoisted during the period:	Before 8:30	Students have to stay at home to wait for update weather news
		From 8:30 am to 12:00 noon	The PM session will be continued as scheduled
		From 8:30 am to 2:00 PM	Students no need to report duty
		After students have reported duty	Students have to stay in their clinical setting
	When the Black Rainstorm Warning is lowered or cancelled	Between 8:30 am to 2:00 PM	Depends on the weather conditions and the availability of public transport, students should report duty as soon as practicable
After 2:00 PM	Students do not need to report duty		

* with reference to the Student Handbook 2021-2022

subject to change according to the operational needs of clinical settings, students are encouraged to discuss with CEs in advance if they have to work irregular hours)

5. DEFERMENT OF CLINICAL EDUCATION SUBJECTS

- 5.1 Students are not allowed to drop subjects after the 'add/drop' period. If students have a need to defer a clinical education subject after the add/drop period due to medical, family and/or other personal reasons, students should submit a written request for deferment of subject to the Department through email to Clinical Coordinator. Such request will only be considered if there are strong justifications and subject to the approval by the MOT Programme Leader and the Head of Department.
- 5.2 For any request to defer the clinical education subject after the commencement of the clinical placement, students should continue their clinical education at the clinical settings until they receive formal approval of their application.
- 5.3 In case where deferment is granted, students are required to continue the fieldwork in the same setting where they are originally assigned when resuming from the deferment. Students are required to make up the outstanding fieldwork hours that they have not fulfilled in the last clinical education block. The time for continuing with the subject after deferment is subject to the availability of clinical placement places, as well as the discretion of the Clinical Educator, MOT Programme Leader, and Head of Department.
- 5.4 Students are not allowed to apply for deferment of a given clinical education subject twice without a strong justification. Further approval is subject to the approval by the MOT Programme Leader and Head of Department.

6. PLACEMENT EXPENSES AND FINANCIAL COMMITMENT

Students are responsible for all expenses incurred during placement including traveling expenses, accommodation and other associated expenses. There is no commitment for clinical settings in terms of payment to students or payment of subsistence allowance.

In case of students who attend community-based rehabilitation placement requiring travelling to clients' home/community setting for two times or more during a week, student can claim expenses used for using public transportation to commute between clinical setting and client's home/community setting, subject to the maximum amount of HK\$ 500 for each block of placement. Student will be required to submit the reimbursement form (Appendix 6) to the Clinical Education Team within three weeks after completion of the clinical placement block.

7. INSURANCE

7.1 Medical malpractice liability insurance

The university has medical malpractice liability insurance for any claim for compensation arising from malpractice by reason of any negligent act, error or omission committed or alleged to have been committed in connection with students' professional activities.

For students going for overseas placement, they may have to purchase the insurance as requested by the institutions.

7.2 Personal accident and incident

The University has Employees' Compensation Insurance, which protects the students suffering incapacity (injury or death) caused by accidents arising out of and in the course of clinical placement.

For students going for overseas placement, they may have to purchase the insurance or top-up insurance as requested by the institutions.

7.3 Procedures for reporting of accident/incident relating to personal injury occurred during clinical placement

7.3.1 When an accident/incident occurred during clinical placement, the student has to report the accident/incident to the clinical educator and clinical education team (or General Office of the Department of Rehabilitation Sciences, when the team is unable to be contacted at the time) **immediately** after the event.

7.3.2 Such report must reach the Head of Department via the clinical education team, and with endorsement of MOT Programme Leader (or delegate), within 72 hours from the happening of the event.

7.3.3 To report the accident / incident, *Accident/Incident Report Form* (HSE Form 2 from Health, Safety and Environment Office, the Hong Kong Polytechnic University): (Appendix 7 for a sample or download from website: <https://www.polyu.edu.hk/hseo/>) should be completed by student with the assistance from Visiting Faculty Member), the original copy of sick leave certificate (where applicable) should be attached.

7.3.4 In case medical attention is necessary, student is advised to attend the nearby hospital or clinic; or the University Health Service of the Hong Kong Polytechnic University.

7.4 Procedures for making insurance claim after reporting of accident/incident occurred during clinical placement

7.4.1 Insurance claim has to be submitted to the Insurance Company as soon as possible but in any case within 90 days from the happening of the event, and students should submit their claims together with the scanned copies of medical receipts & other necessary documents related to the medical consultation to the Insurance Company via their Online Insurance Claim platform (<https://claims.qbe.com/claims/>) directly.

7.4.2 For claim procedure, student has to follow the *Claim Procedures for Group Personal Accident Insurance for Students*. Students can get the claim procedures from General Office.

8. INFECTION CONTROL AND HEALTH ISSUES

8.1 The clinical education team and the clinical educators would keep close monitoring relating to measure(s) when there is an outbreak of infectious disease in the setting(s). Such measures may include relocation or suspension of clinical placement. The clinical education team and the clinical educators would formulate remedial plan(s).

8.2 Students are required to comply with the infection control policy and procedure and attend a certificate bearing course offered by Hospital Authority in the first year of study. Another refreshment course will also be conducted during pre-clinical seminar of CEII.

- i. As part of the pre-requisites for clinical placements, students are required to attend the Infection Control Seminar conducted by Hospital Authority. This Infection control training is conducted within the first year of study before the first placement starts. It is mandatory for students to attend the training before the commencement of their clinical placements in settings of Hospital Authority.
- ii. Information relating to Infection Control and universal precautions is reinforced during the pre-clinical seminar of CEII. This is also compulsory as part of in-house infection control review
- iii. Students will be given specific orientation to the infection control policy & procedure of the setting allocated as part of the orientation programme of the clinical education subject.

8.3 In addition, students are also required to complete the Mask Fit Test within the first year of study. After the test, the proper size of N95 will be printed at the back of each student ID badge for reference.

8.4 Students will be arranged for immunization and vaccination screening conducted by the University Health Service, e.g. immunization against influenza & vaccination against Hepatitis B, (when & where appropriate). It is also the student's responsibility to ensure up-to-date immunization and vaccination practice when & where appropriate.

9. PROTECTION OF PATIENT/CLIENT INFORMATION

In accordance with Data Protection Principle of the Personal Data (Privacy) Ordinance, students are reminded to exercise particular caution when handling personal data.

Below are the guidelines offered by the Faculty of Health and Social Sciences:

- i. Access to confidential or sensitive information should be granted on a restricted or, if required, a need-to-know basis.
- ii. Student should avoid unnecessarily accessing, downloading or making copies of confidential or sensitive information from electronic administrative systems to his/her personal computer or electronic storage devices or for hard-copy printing. If such action is necessary, student should delete the information from his/her personal computer or electronic storage devices or destroy the papers immediately after use. Do not recycle the papers.
- iii. Avoid moving confidential or sensitive information out of clinical units unless it is necessary, approved and related to the authorised staff member's/student's work. It is recommended that logs be kept of the details of such movement of information for tracking purposes. For hard copies containing confidential or sensitive information, please ensure that the transporting of the papers and their destination are secure and safe.
- iv. It is recommended that password security methods be used to protect all computers and electronic storage devices, and password/encryption methods be used for important electronic files, especially those that contain confidential or sensitive information.
- v. Student should use a password-protected screen saver to prevent unauthorised access to his/her personal computer.
- vi. If the student plans to be away from his/her work area for even a second, student must not leave confidential or sensitive information out in the open or where it can be easily accessed electronically. All electronic files containing confidential or sensitive information should be closed, and student should log off his/her access to all electronic administrative systems. All electronic storage devices, hard-copy documents and other formats that contain such information should be secured in a safe place.
- vii. All confidential or sensitive information should be deleted/destroyed when no longer required for the purpose of usage or legitimate records management.

10. UNIFORM AND DRESS

Students are required to wear uniform in most of the clinical settings. They should prepare their uniforms prior to their first placement. In some circumstances, students should wear their own clothes if the settings, especially in non-government organizations have such preference.

See the picture and description on the Blackboard of Clinical Education for the specifications.

11. IDENTIFICATION BADGES

Personal identification badges must be worn at all times if required by the clinical setting. The badges will be provided to the students prior to their first placement.

12. STUDENT CLINICAL REPORTS

As endorsed by Faculty Learning and Teaching Committee of Faculty of Health and Social Sciences (FHSS), students can obtain copies of their clinical education performance reports after the subject results are finalized by Board of Examination upon submitting a request. The rationale for releasing the performance report is to promote effective learning and professional development of students. For details of the departmental guidelines, procedures and application form, please refer to Appendix 8 and 9.

13. APPEAL MECHANISMS

13.1 Against placement allocation

Students may appeal in writing against a placement allocation if any one of the allocation criteria is violated. The Clinical Coordinator should be the first point of contact for student appeals, followed by the MOT Programme Leader, and Head of Department.

13.2 Against decisions of Subject Assessment Review Panel/Boards of Examiners

Students are advised to follow the procedures as stipulated in the Academic Regulations and Procedures for Credit-based Programmes published by the University.

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Table 1

Expected professional attitude, knowledge and skills (CEI)

Professional attitude and behavior	Professional knowledge	Professional skills
<ul style="list-style-type: none">• Demonstrate motivation and effort to upgrade and expand professional knowledge and skills• Accomplish duties in a responsible and reliable manner• Abide by professional ethics• Observe safety procedures and ensure safety of clients• Achieve improvement by critically evaluating own performance• Evaluate criticism and suggestions and make appropriate change if necessary• Communicate effectively with Clinical Educator and OT staff• Organize time, tasks and treatment areas for maximum efficiency	<ul style="list-style-type: none">• Understand the roles and functions of occupational therapist• Understand the occupational therapy process• Understand functional problems of selected clinical conditions	<ul style="list-style-type: none">• Applies skills in developing rapport with patients/clients• Conduct activity analyses• Conduct selected assessments and therapeutic activities which have been learned in the curriculum and therapeutic activities• Conduct simple interview

Grading

A numeral grade point is assigned to each letter grade, as follows:

<u>Grade</u>	<u>Grade Point</u>
A+	4.3
A	4.0
A-	3.7
B+	3.3
B	3.0
B-	2.7
C+	2.3
C	2.0
F	0.0

Table 3

Expected professional attitude, knowledge and skills (CEII)

Professional attitude and behaviour	Professional knowledge	Professional skills
<ul style="list-style-type: none"> • Demonstrate motivation and effort to upgrade and expand professional knowledge and skills • Accomplish duties in a responsible and reliable manner • Abide by professional ethics • Observe safety procedures and ensure safety of clients • Achieve improvement by critically evaluating own performance • Evaluate criticism and suggestions and make appropriate change if necessary • Communicate competently in a professional capacity with clients and OT staff members • Establish effective professional relationships • Organize time, tasks and treatment areas for maximum efficiency 	<ul style="list-style-type: none"> • Understand pathological conditions and related dysfunctions • Understand the occupational therapy process and be able to integrate theory with clinical practice • Demonstrate knowledge regarding selection of assessment methods • Demonstrate knowledge regarding selection of treatment media and techniques 	<p>Assessment</p> <ul style="list-style-type: none"> • Gather necessary information on patient/client before assessment • Conduct assessments • Select appropriate assessments for patient/client • Interpret assessment results in terms of areas of function and dysfunction <p>Treatment planning</p> <ul style="list-style-type: none"> • Identify client's problems and needs in order of priority • Plan treatment objectives • Formulate individualized treatment plans • Use correct medical terminology to document accurate and logical treatment plans <p>Treatment implementation</p> <ul style="list-style-type: none"> • Carry out effective treatment • Apply appropriate treatment techniques • Use correct medical terminology to document accurate and logical treatment progress • Observe safety procedures and ensure safety of patients/clients • Offer feedback on clients' performance <p>Treatment evaluation</p> <ul style="list-style-type: none"> • Use correct medical terminology to document accurate and logical discharge plan • Refer patients/clients to other services if necessary • Upgrade/downgrade treatment appropriately

Table 4

Expected professional attitude, knowledge and skills (CEIII & IV)

At this level of the education continuum, the student is expected to build on previous studies. Those attitudes, behaviour, professional knowledge and skills are therefore additional to those in Table 2. The main emphasis is, therefore, on the ability of the student to demonstrate critical analysis and to evaluate and justify planned programmes of intervention and their outcome.

Professional attitude and behaviour	Professional knowledge	Professional skills
<ul style="list-style-type: none"> • Communicate competently in a professional capacity with families/caregivers • Communicate competently in a professional capacity with multidisciplinary rehabilitation team members • Demonstrate flexibility in response to work demands and changes • Contribute ideas and consider different perspectives towards professional issues in daily practice • Demonstrate leadership skills in specific projects/activities 	<ul style="list-style-type: none"> • Select appropriate frame of reference/practice models • Demonstrate an awareness of the health care delivery system in Hong Kong and community integration issues • Demonstrate an awareness of quality of life issues 	<p>Assessment</p> <ul style="list-style-type: none"> • Gather necessary information on patient/client assessment • Assess present patient/client functional ability • Set realistic priorities for treatment/intervention • Evaluate the effect of secondary factors on primary problems <p>Treatment planning</p> <ul style="list-style-type: none"> • Articulate treatment goals/objectives • Document treatment plans which are based on sound theoretical frames of references <p>Treatment implementation</p> <ul style="list-style-type: none"> • Effectively involve family/caregiver in treatment when appropriate <p>Treatment evaluation</p> <ul style="list-style-type: none"> • Critically evaluate the effectiveness of treatment and suggest ways to modify treatment plans • Terminate treatment appropriately • Demonstrate an awareness of quality assurance issues • Refer patients/clients to other services if necessary

Table 5

Guidelines for grading student
(The main features of the grades are bolded)

<i>Level</i>	<i>Performance</i>	<i>Grading</i>	<i>Professional Knowledge and Skills in Clinical Practice</i>	<i>Professional Attitude</i>
A	Excellent Demonstrates proficiency, efficiency, quality, initiative and adaptability	A+	Exceptional performance. Persistently exceed standards of practice in knowledge, practice skills, and clinical reasoning.	Demonstrate professional attitude persistently at the level of a competent beginning therapist. A reflective practitioner and continue to self-improve.
		A	Excellent Performance in most criteria under knowledge, practice skills, and clinical reasoning.	Demonstrate professional attitude at the level of a competent beginning therapist. Very high potential to become a reflective practitioner and very likely to continue to self-improve.
		A-	Excellent performance under most criteria under knowledge, practice skills, and clinical reasoning most of the time .	Demonstrate professional attitude very close to the level of a competent beginning therapist. Very good potential to become a reflective practitioner.
B	Good Needs minimal supervision in performing clinical duties safely and efficiently.	B+	Very good performance in all criteria under knowledge and skills, and clinical reasoning. Able to maintain safe and independent practice.	Above satisfactory performance in most criteria under professional attitude. Good reflection of one's practice and make improvement most of the time .
		B	Very good performance in most criteria under knowledge and skills, and clinical reasoning. Able to maintain safe and independent practice most of the time .	Above satisfactory performance in most criteria under professional attitude. Often able to reflect on one's practice and make improvement.
		B-	Good performance in most areas of knowledge and skills, and clinical reasoning. Able to maintain safe and independent practice most of the time .	Satisfactory performance in most criteria under professional attitude. Often able to reflect on one's practice.
C	Satisfactory Needs supervision and coaching to perform clinical duties safely, and	C+	Satisfactory performance in most criteria of knowledge and skills, and clinical reasoning. Requires supervision and guidance in some areas to meet standards.	Satisfactory performance in most criteria under professional attitude. Often able to reflect on one's practice with some reminders .

<i>Level</i>	<i>Performance</i>	<i>Grading</i>	<i>Professional Knowledge and Skills in Clinical Practice</i>	<i>Professional Attitude</i>
	meeting minimum standards of practice	C	Satisfactory performance in close to half of the criteria under knowledge, skills, and clinical reasoning. Requires support in some areas to meet standards.	Less than satisfactory performance in close to half of criteria under professional attitude. Often able to reflect on one's practice with reminders .
Fail	Fail Requires instruction and close supervision for clinical practice Performance is inconsistent	F	Requires instruction and close supervision , but still not meeting minimum standards of performance in many criteria. Fail to improve knowledge, skills and clinical reasoning adequately to meet minimum standards, even after reminder and coaching are provided.	Great difficulty in reflecting on one's professional attitude and performance, or respond to recommendations for improvement. Fail to adhere to ethical and safety guidelines , or improve to meet practice standards, even after guidance and coaching are provided repeatedly .

SUBJECT DESCRIPTION FORMS

Subject Code	RS5371
Subject Title	CLINICAL EDUCATION I
Credit Value	3
Level	5, Year 1 – Semester 2
Pre-requisite / Co-requisite/ Exclusion	
Objectives	<ol style="list-style-type: none"> 1. To provide students with the opportunity to identify functional problems encountered by clients of occupational therapy. 2. To guide students to conduct activity analyses and practise therapeutic activities. 3. To understand various forms of occupational therapy service or health care promotion activities delivered in primary health care settings. 4. To facilitate students to develop appropriate professional behaviour.
Intended Learning Outcomes	<p><i>Upon completion of the subject, students will be able to:</i></p> <ol style="list-style-type: none"> a. abide to the professional code of ethics stipulated in the Supplementary Medical Professions Ordinance b. identify client's clinical problems and performance in terms of occupational function-dysfunction c. conduct activity / task analyses and practise therapeutic activities d. interact with clients and health care team member appropriate to the professional standard e. Participate in the planning and implementation of primary health care related activities, e.g. primary health care programmes, health promotion activities, for certain patient or community groups f. Utilize clinical reasoning and evidence-based practice in primary health care delivery g. search for relevant reference materials to enhance learning h. present both written and verbal reports
Subject Synopsis/ Indicative Syllabus	<ol style="list-style-type: none"> 1. Development of community-based rehabilitation, health promotion and education, function training programmes in community, school and work 2. Facilitation of injury prevention or reduction (injury prevention education and safety awareness) and independent living for clients/patients 3. Promotion of fitness, wellness and mental health clients/patients 4. Observation of the roles and functions of occupational therapists in clinical settings 5. Observation of clients' occupational performance in daily living tasks, work and leisure

	<p>6. Observation of holistic approach to occupational therapy process and teamwork approach</p> <p>7. Observation of appropriate professional attitudes and manners</p>																																						
Teaching/Learning Methodology	<p><u>Clinical Attachment and Visits</u></p> <ol style="list-style-type: none"> Structured observations enable students to identify clients' clinical problems, functional competence and problems Tutorials enable students to clarify queries and to learn topics relevant to the clinical practice Contact with clients and staff under the guidance of clinical educators as a basis of developing professional attitudes and manners Structured feedback from clinical educator facilitate students to reflect on own performance <p><u>Primary health care related activities (please refer to Guidelines for Primary Health Care Project)</u></p> <ol style="list-style-type: none"> Fieldwork provides the opportunity for students to participate or conduct primary care activities under a 35-hour service project. Students will be involved in health education and promotion activities in primary or community care setting under supervision of supervisor. Students need to submit a log of their participation in primary care activities, write a summary and reflective journal for assessment. 																																						
Assessment Methods in Alignment with Intended Learning Outcomes	<table border="1"> <thead> <tr> <th rowspan="2">Specific assessment methods/tasks</th> <th rowspan="2">% weighting</th> <th colspan="8">Intended subject learning outcomes to be assessed</th> </tr> <tr> <th>a</th> <th>b</th> <th>c</th> <th>d</th> <th>e</th> <th>f</th> <th>g</th> <th>h</th> </tr> </thead> <tbody> <tr> <td>Continuous towards overall grade</td> <td>100</td> <td colspan="8">As a whole</td> </tr> <tr> <td>Total</td> <td>100 %</td> <td colspan="8"></td> </tr> </tbody> </table> <p>Continuous assessments towards overall grade are appropriate as students' professional competence in terms of attitude, knowledge and skills are continuously developed and evaluated throughout the period of clinical education.</p>	Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed								a	b	c	d	e	f	g	h	Continuous towards overall grade	100	As a whole								Total	100 %								
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Total	100 %																																						
Student Study Effort Expected	<table border="1"> <tr> <td><i>Clinical contact:</i></td> <td><i>(175 Hrs.)</i></td> </tr> <tr> <td>▪ Fieldwork practice in clinical setting</td> <td>140 Hrs.</td> </tr> <tr> <td>▪ Participation in Primary health care service project</td> <td>35 Hrs.</td> </tr> <tr> <td><i>Other student study effort:</i></td> <td><i>(50 Hrs.)</i></td> </tr> <tr> <td>▪ Pre-and post-clinical seminars</td> <td>5 Hrs.</td> </tr> <tr> <td>▪ Self-study</td> <td>45 Hrs.</td> </tr> </table>	<i>Clinical contact:</i>	<i>(175 Hrs.)</i>	▪ Fieldwork practice in clinical setting	140 Hrs.	▪ Participation in Primary health care service project	35 Hrs.	<i>Other student study effort:</i>	<i>(50 Hrs.)</i>	▪ Pre-and post-clinical seminars	5 Hrs.	▪ Self-study	45 Hrs.																										
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▪ Self-study	45 Hrs.																																						

	Total student study effort	<u>225 Hrs.</u>
Reading List and References	<p data-bbox="451 205 1360 310">Bruce, M.A. & Borg, B. (1993). <i>Psychosocial Occupational Therapy: Frames of Reference for Intervention</i> (2nd ed). Thorofare, NJ: Slack, Inc.</p> <p data-bbox="451 352 1360 422">Dutton, R. (1995). <i>Clinical Reasoning in Physical Disabilities</i>. Baltimore, MD: Williams & Wilkins.</p> <p data-bbox="451 464 1360 569">Crepeau, E.B., Cohn, E.S., & Schell, B.A. (ed.) (2003). <i>Willard and Spackman's Occupational Therapy</i> (10th ed). Philadelphia, PA: Lippincott-Raven.</p> <p data-bbox="451 611 1360 680">Lamport, N. K. (2001). <i>Activity, Analysis and Application</i> (4th ed). Thorofare, NJ: Slack, Inc.</p> <p data-bbox="451 722 1360 791">Lamport, N. K., Coffey, M.S., & Hersch, G.I. (1993). <i>Activity Analysis Handbook</i> (2nd ed). Thorofare, NJ: Slack, Inc.</p>	

Subject Code	RS5372
Subject Title	CLINICAL EDUCATION II
Credit Value	7
Level	5, Year 1 – Semester 3
Pre-requisites	RS5371 Clinical Education I
Objectives	This subject provides students with the opportunity to consolidate and apply occupational therapy knowledge, attitudes and skills learned in school to assess, plan, implement, evaluate, and modify occupational therapy interventions for clients suffering from common conditions in Hong Kong, under the guidance of clinical educators. It also provides students with the opportunity to communicate and function appropriately as a member of the health care team, and prepares students for the study of advanced studies in Year II.
Intended Learning Outcomes	<p><i>Upon completion of the subject, students will be able to:</i></p> <p><u>Professional/academic knowledge and skills</u></p> <ol style="list-style-type: none"> a. abide by the professional code of ethics stipulated in the Supplementary Medical Professions Ordinance b. identify clients' problems in occupational performance resulting from developmental deficits, physical disabilities, mental illness or ageing c. apply occupational therapy knowledge and skills to assist clients to develop an adaptive cycle of occupational functions d. modify occupational therapy intervention programme designed for clients as required e. interact with clients and health care team member appropriate to the professional standard f. identify occupational therapy related problems encountered in the clinical field to prepare for further in-depth enquires and studies g. present verbal and written occupational therapy reports as one of the effective means of professional communications <p><u>Attributes for all-roundedness</u></p> <ol style="list-style-type: none"> h. search for and review relevant reference materials to enhance learning i. develop independent and active learning j. work with group mates and other members in the team in the learning activities k. present both written and verbal reports

<p>Subject Synopsis/ Indicative Syllabus</p>	<ol style="list-style-type: none"> 1. Professional code of ethics and expectations of students' behaviours in clinical setting 2. Assessment of clients' occupational performance in daily living tasks, work and leisure, e.g. role checklist, checklist of daily living task, developmental checklist, interest checklist 3. Planning of intervention programme according to the problem identified 4. Implementation of occupational therapy activities and skills to improve the occupational performance of clients e.g. splint-making skill, pressure therapy, training of daily living task, group work and sensory integration therapy 5. Evaluation of clients' occupational performance 6. Recording and reporting on clients' occupational performance in case conferences, ward rounds, patients' record etc. 7. Students are given with the following to provide feedback for improvement <ul style="list-style-type: none"> • Discussion time • Opportunities for peer / group learning • Continuous assessment / feedback to students • Monitoring and evaluation of program
<p>Teaching/Learning Methodology</p>	<p><u>Clinical Practice in Clinical Settings Supervised by Clinical Educator</u></p> <ol style="list-style-type: none"> a. Clinical observations enable students to understand and clarify functional problems of clients with disability and the use of occupational therapy assessments and interventions in clinical practice b. Hands-on practice provides students with structured opportunities to plan and implement occupational therapy assessments and interventions under the guidance of clinical educators c. Tutorials enable students to clarify questions, discuss topics of clinical interest, and consolidate the integration of clinical knowledge and practice

Assessment Methods in Alignment with Intended Learning Outcomes	Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed
			A - K
	Continuous assessments	100	As a whole
	Total	100 %	
	<p><u>Continuous assessments</u> Continuous assessments towards overall grade (100%) – are appropriate as students’ professional competence in terms of attitude, knowledge and skills are continuously developed and evaluated throughout the period of clinical education.</p>		
Student Study Effort Expected	<i>Clinical contact:</i>		<i>(280 Hrs.)</i>
	▪ Clinical practice		280 Hrs.
	<i>Other student study effort:</i>		<i>(127 Hrs.)</i>
	▪ Pre-and post-clinical seminars		7 Hrs.
	▪ Self-study		120 Hrs.
	Total student study effort		<u>407 Hrs.</u>
Reading List and References	Nil		

Subject Code	RS5373
Subject Title	CLINICAL EDUCATION III
Credit Value	7
Level	5, Year 2 – Semester 6
Pre-requisite	Clinical Education II
Objectives	This subject provides students with the opportunity to integrate and consolidate knowledge, skills and attitudes learned in school to occupational therapy practice in a common or a particular clinical specialty. It provides students with the opportunity to practice basic clinical management functions for independent occupational therapy practice and day-to-day operation of an occupational therapy department. The subject also prepares students to evaluate the application of occupational therapy models of practice to common clinical specialties of occupational therapy practice.
Intended Learning Outcomes	<p><i>Upon completion of the subject, students will be able to:</i></p> <p><u><i>Professional/academic knowledge and skills</i></u></p> <ol style="list-style-type: none"> a. gather relevant information to facilitate the selection, conduction and evaluation of assessment b. select, plan, conduct, and evaluate appropriate treatment modalities/programmes for specific clients both in a clinical setting and in an appropriate rehabilitation environment c. evaluate the effectiveness of treatment d. conduct preliminary evaluation on different treatment approaches to prepare for further in-depth evaluation and studies in the Hong Kong Polytechnic University e. present verbal and written occupational therapy reports as an effective means of professional communication f. account professionally in accordance with the Code of Ethics of Supplementary Medical Profession Ordinance <p><u><i>Attributes for all-roundedness</i></u></p> <ol style="list-style-type: none"> g. search for and review relevant reference materials to enhance learning h. consolidate skills of problem-solving and critical thinking i. practice active and independent learning skills j. practice interpersonal and communication skills with clients and other professionals k. present both written and verbal reports in a professional manner

Subject Synopsis/ Indicative Syllabus	<ol style="list-style-type: none"> 1. Professional code of ethics and expectations of students' behaviors in clinical setting 2. Case management and clinical reasoning skills 3. Assessment of clients' occupational performance 4. Formulation of clients' treatment plan 5. Implementation of occupational therapy activities and programs 6. Evaluation and documentation of clients' progress and occupational performance 7. Evaluation of selected treatment modality 													
Teaching/Learning Methodology	<p><u>Clinical Practice in Clinical Settings Supervised by Clinical Educator</u></p> <ol style="list-style-type: none"> a. Clinical observations enable students to understand and clarify functional problems of clients with disability and the use of occupational therapy assessments and interventions in clinical practice b. Hands-on practice provides students with structured opportunities to plan and implement occupational therapy assessments and interventions under the guidance of clinical educators c. Tutorials and student-led seminars enable students to clarify questions, discuss topics of clinical interest, and consolidate the integration of clinical knowledge and practice 													
Assessment Methods in Alignment with Intended Learning Outcomes	<table border="1" data-bbox="516 1045 1344 1272"> <thead> <tr> <th data-bbox="524 1052 760 1157">Specific assessment methods/tasks</th> <th data-bbox="768 1052 889 1157">% weighting</th> <th data-bbox="898 1052 1336 1157">Intended subject learning outcomes to be assessed</th> </tr> </thead> <tbody> <tr> <td data-bbox="524 1161 760 1230">Continuous assessments</td> <td data-bbox="768 1161 889 1230">100</td> <td data-bbox="898 1161 1336 1230">A - K As a whole</td> </tr> <tr> <td data-bbox="524 1234 760 1268">Total</td> <td data-bbox="768 1234 889 1268">100 %</td> <td data-bbox="898 1234 1336 1268"></td> </tr> </tbody> </table> <p data-bbox="516 1314 1336 1493"><u>Continuous assessments</u> Continuous assessments towards overall grade (100%) – are appropriate as students' professional competence in terms of attitude, knowledge and skills are continuously developed and evaluated throughout the period of clinical education.</p>		Specific assessment methods/tasks	% weighting	Intended subject learning outcomes to be assessed	Continuous assessments	100	A - K As a whole	Total	100 %				
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▪ Pre-and post-clinical seminars	7 Hrs.													
▪ Self-study	120 Hrs.													
Total student study effort	<u>407 Hrs.</u>													
Reading List and References	<p data-bbox="516 1871 1369 1925"><i>Alsop, A, & Ryan, S. (1996). Making the Most of Fieldwork Education: A Practical Approach. London: Chapman & Hall.</i></p>													

Subject Code	RS5374
Subject Title	CLINICAL EDUCATION IV
Credit Value	7
Level	5, Year 2 – Semester 6
Pre-requisite	RS5373 Clinical Education III
Objectives	This subject provides students with the opportunity to integrate and consolidate knowledge, skills and attitudes learned in school to occupational therapy practice in a common or a particular clinical specialty. It provides students with the opportunity to practice basic clinical management functions for independent occupational therapy practice and day-to-day operation of an occupational therapy department. It also prepares students to evaluate the application of occupational therapy models of practice to common clinical specialties of occupational therapy practice.
Intended Learning Outcomes	<p><i>Upon completion of the subject, students will be able to:</i></p> <p><u>Professional/academic knowledge and skills</u></p> <ol style="list-style-type: none"> a. gather relevant information to facilitate the selection, conduction and evaluation of assessment b. select, plan, conduct, and evaluate appropriate treatment modalities/programs for specific clients both in a clinical setting and in an appropriate rehabilitation environment c. evaluate the effectiveness of treatment d. present verbal and written occupational therapy reports as an effective means of professional communication e. account professionally in accordance with the Code of Ethics of Supplementary Medical Profession Ordinance f. practice with the supervision of clinical educators or supervisors selected day-to-day administration of the occupational therapy department g. conduct preliminary evaluation on different treatment approaches to prepare for further in-depth evaluation and studies in the Hong Kong Polytechnic University h. identify interested areas for future personal and professional development i. search for relevant reference materials to enhance learning j. work with group mates and other members in the team in the learning activities <p><u>Attributes for all-roundedness</u></p> <ol style="list-style-type: none"> k. search for and review relevant reference materials to enhance learning l. practice active and independent learning skills m. consolidate skills of problem-solving and critical thinking n. practice interpersonal and communication skills with clients

	and other professionals o. present both written and verbal reports in a professional manner.									
Subject Synopsis/ Indicative Syllabus	<ol style="list-style-type: none"> 1. Professional code of ethics and expectations of students' behaviors in clinical setting 2. Case management and clinical reasoning skills 3. Assessment of clients' occupational performance 4. Formulation of clients' treatment plan 5. Implementation of occupational therapy activities and programs 6. Evaluation and documentation of clients' progress and occupational performance 7. Evaluation of selected treatment modality 8. Participation in selected day-to-day departmental administration procedures 									
Teaching/Learning Methodology	<p><u>Clinical Practice in Clinical Settings Supervised by Clinical Educator</u></p> <ol style="list-style-type: none"> a. Clinical observations enable students to understand and clarify functional problems of clients with disability and the use of occupational therapy assessments and interventions in clinical practice b. Hands-on practice provides students with structured opportunities to plan and implement occupational therapy assessments and interventions under the guidance of clinical educators c. Tutorials and student-led seminars enable students to clarify questions, discuss topics of clinical interest, and consolidate the integration of clinical knowledge and practice 									
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▪ Fieldwork practice	280 Hrs.									
<i>Other student study effort:</i>	<i>(127 Hrs.)</i>									

	▪ Pre-and post-clinical seminars	7 Hrs.
	▪ Self study	120 Hrs.
	Total student study effort	<u>407 Hrs.</u>
Reading List and References	<i>Alsop, A, & Ryan, S. (1996). Making the Most of Fieldwork Education: A Practical Approach. London: Chapman & Hall.</i>	

Student Assessment Report for RS5371 CEI

Name of Student : _____

Setting : _____

Period of Placement : _____

Clinical Educator : _____

Visiting Faculty Member: _____

Hours completed : _____

Overall performance : _____

Signatures

Clinical Educator _____

Visiting Faculty Member _____

Student _____

Date of assessment _____

**NOTES FOR COMPLETION OF THE CLINICAL EDUCATION REPORT FORM
(CEI):**

This report is divided into three parts including aspects of performance, an overall grade and comment.

Part I: Aspects of Performance

The purposes of this section are to: i) help the student identify strengths and difficulties, ii) facilitate the clinical educator (CE) to give feedback to the student, iii) ensure that the student has an opportunity to maintain and develop strengths, as well as to correct weaknesses.

It is therefore of utmost important that the CE should use the space provided in each section to comment on whether or not the student has achieved a satisfactory standard for each item. For instance, the CE may indicate if the student is able to assume responsibility for tasks related to negotiated learning objectives, and/or highlight the level of guidance and support the student required to fulfill the learning objectives.

Guidelines for the CE and student are provided for use when completing this report form (see **Table 1** and **Table 5**).

Part II: Overall Performance

In this section, the CE should award a grade to the student according to his/her overall performance.

Part III: General Comments

In this section, the CE may give further recommendations to the student as appropriate.

Part I: Aspects of Performance

Items	Remarks
Professional attitude and behaviour	
1. Shows motivation and effort to upgrade and expand professional knowledge	
2. Accomplishes duties in a responsible and reliable manner	
3. Abides by professional ethics	
4. Observes safety procedures and ensures safety of clients	
5. Achieves improvement by critically evaluating own performance	
6. Evaluates criticism and suggestions and makes appropriate change if necessary	
7. Communicates effectively with Clinical Educator and OT staff	
8. Organizes time, tasks and treatment areas for maximum efficiency	
Professional knowledge	
9. Understands the roles and functions of occupational therapists	
10. Understands the occupational therapy process	
11. Understands functional problems of selected clinical conditions	
Professional skills	
12. Applies skills in developing rapport with clients	
13. Conducts simple interview	
14. Conducts activity analyses	
15. Conducts selected assessment and therapeutic activities	
16. Applies skills in observing/associating client's problems and needs	
17. Interprets assessment results #15 in terms of areas of function and dysfunction	
18. Formulates individualized treatment plans	

Part II: Overall performance (put a ✓ in the appropriate box)

<input type="checkbox"/>	A+	Excellent
<input type="checkbox"/>	A	
<input type="checkbox"/>	A-	
<input type="checkbox"/>	B+	Good
<input type="checkbox"/>	B	
<input type="checkbox"/>	B-	
<input type="checkbox"/>	C+	Satisfactory
<input type="checkbox"/>	C	
<input type="checkbox"/>	F	Fail

Part III: General comments

Student Assessment Report for RS5372 CEII

Name of Student : _____

Setting : _____

Period of Placement : _____

Clinical Educator : _____

Visiting Faculty Member : _____

Hours completed : _____

Overall performance : _____

Signatures:

Clinical Educator _____

Visiting Faculty Member _____

Student _____

Date of assessment _____

**NOTES FOR COMPLETION OF THE CLINICAL EDUCATION REPORT FORM
(CEII):**

This report is divided into three parts including aspects of performance, an overall grade and comment.

Part I: Aspects of Performance

The purposes of this section are to: i) help the student identify strengths and difficulties, ii) facilitate the clinical educator (CE) to give feedback to the student, iii) ensure that the student has an opportunity to maintain and develop strengths, as well as correct weaknesses with reference to the learning objectives set in the learning contract.

It is therefore of utmost important that the CE should use the space provided in each section to comment on whether or not the student has achieved a satisfactory standard for each item. For instance, the CE may indicate if the student has demonstrated the ability to assume responsibility for tasks related to negotiated objectives, as well as highlight the level of guidance and support the student has required in order to fulfil the learning contract. The expected competencies within each section should reflect the learning objectives, which are set in the learning contract.

Guidelines for the CE and student are provided for use when completing this report form (see **Table 3** and **Table 5**).

Part II: Overall Performance

In this section, the CE should award a grade to the student according to his/her overall performance.

Part III: General Comments

In this section, the CE may give further recommendations to student as appropriate.

Part I : Aspects of performance

Items	Remarks
Professional attitude and behaviour	
1. Shows motivation and effort to upgrade and expand own professional knowledge	
2. Accomplishes duties in a responsible and reliable manner	
3. Abides by professional ethics	
4. Observes safety procedures and ensures safety of clients	
5. Achieves improvement by critically evaluating own performance	
6. Evaluates criticism and suggestions and makes appropriate change if necessary	
7. Communicates effectively with Clinical Educator and OT staff	
8. Organizes time, tasks and treatment areas for maximum efficiency	
9. Establishes effective professional relationship	
Professional knowledge	
10. Understands the roles and functions of occupational therapists	
11. Understands the occupational therapy process and be able to integrate theory with clinical practice	
12. Understands pathological conditions and related dysfunctions	
13. Demonstrates knowledge and select assessment methods	
14. Demonstrates knowledge and selects treatment media and techniques	

Professional skills	
15. Gathers necessary information on client before assessment	
16. Conducts assessment	
17. Identifies client's problems and needs	
18. Interprets assessment results in terms of areas of function and dysfunction	
19. Identifies client's problems and needs in order of priority	
20. Formulates individualized treatment plans	
21. Carries out effective treatment	
22. Applies appropriate treatment techniques	
23. Upgrades/downgrades treatment appropriately	
24. Uses correct medical terminology to document accurate and logical discharge plan	
25. Observes safety procedures and ensure safety of patients/clients	
26. Offers feedback on clients' performance	
27. Uses correct medical terminology to document accurate and logical treatment plan and progress	
28. Refers client to other services if necessary	

Part II : Overall performance (put a ✓ in the appropriate box)

<input type="checkbox"/>	A+	Excellent
<input type="checkbox"/>	A	
<input type="checkbox"/>	A-	
<input type="checkbox"/>	B+	Good
<input type="checkbox"/>	B	
<input type="checkbox"/>	B-	
<input type="checkbox"/>	C+	Satisfactory
<input type="checkbox"/>	C	
<input type="checkbox"/>	F	Fail

Part III: General comments

Student Assessment Report for RS5373 CEIII / RS5374 CEIV

Name of Student : _____

Setting : _____

Level of placement : _____

Period of Placement : _____

Clinical Educator : _____

Visiting Faculty Member: _____

Completed Hours : _____

Overall performance : _____

Signatures:

Clinical Educator _____

Visiting Faculty Member _____

Student _____

Date of assessment _____

**NOTES FOR COMPLETION OF THE CLINICAL EDUCATION REPORT FORM
(CEIII):**

This report is divided into three parts including aspects of performance, an overall grade and comment.

Part I: Aspects of Performance

The purposes of this section are to: i) help the student identify strengths and difficulties, ii) facilitate the clinical educator (CE) to give feedback to the student, iii) ensure that the student has an opportunity to maintain and develop strengths, as well as to correct weaknesses.

It is therefore of utmost important that the CE should use the space provided in each section to comment on whether or not the student has achieved a satisfactory standard for each item. For instance, the CE may indicate if the student is able to assume responsibility for tasks related to negotiated objectives, as well as highlight the level of guidance and support the student to fulfill his/her learning contract. The expected competencies within each section should reflect the learning objectives set in the learning contract.

Guidelines for the CE and student are provided for use when completing this report form (see **Table 4** and **Table 5**).

Part II: Overall Performance

In this section, the CE should award a grade to the student according to his/her overall performance.

Part III: General Comments

In this section, the CE can give further recommendations to student as appropriate.

Part I : Aspects of performance

Items	Remarks
Professional attitude and behaviour	
1. Shows motivation and effort to upgrade and expanding own professional knowledge	
2. Accomplishes duties in a responsible and reliable manner	
3. Abides by professional ethics	
4. Observes safety procedures and ensures safety of clients	
5. Achieves improvement by critically evaluating own performance	
6. Evaluates criticism and suggestions and makes appropriate change if necessary	
7. Communicates effectively with Clinical Educator and OT staff	
8. Organizes time, tasks and treatment areas for maximum efficiency	
9. Establishes effective professional relationship	
10. Communicates effectively with family/caregiver	
11. Communicates effectively with rehabilitation team members	
12. Demonstrates flexibility in response to work demands and changes	
13. Contributes ideas and consider different perspectives towards professional issues in daily practice	
14. Demonstrates leadership skills in specific projects/activities	

Items	Remarks
Professional Knowledge	
15 Understands the roles and functions of occupational therapists	
16. Understands the occupational therapy process and be able to integrate theory with clinical practice	
17. Understands pathological conditions and related dysfunctions	
18. Demonstrates knowledge and selects assessment methods	
19. Demonstrates knowledge and selects treatment media and techniques	
20. Selects frame of reference/practice models	
21. Be aware of the health care delivery system in Hong Kong and community integration process	
22. Demonstrates an awareness of quality of life issues	
Professional skills	
23. Gathers necessary information on client before assessment	
24. Conducts assessment	
25. Identifies client's problems and needs	
26. Sets realistic priorities for treatment/intervention	
27. Evaluates the effect of secondary factors on primary problems	
28. Articulates clearly treatment goals and objectives in treatment plan	
29. Documents treatment plans which are based on sound theoretical frames of references	
30. Carries out effective treatment	
31. Effectively involves family/caregiver in treatment when appropriate	

32. Uses correct medical terminology to document accurate and logical treatment progress	
33. Uses correct medical terminology to document accurate and logical discharge plan	
34. Re-evaluates and modifies treatment plan as needed	
35. Terminates treatment appropriately	
36. Demonstrates an awareness of quality assurance issues	
37. Refers client to other services if necessary	

Part II : Overall performance (put a ✓ in the appropriate box)

<input type="checkbox"/>	A+	Excellent
<input type="checkbox"/>	A	
<input type="checkbox"/>	A-	
<input type="checkbox"/>	B+	Good
<input type="checkbox"/>	B	
<input type="checkbox"/>	B-	
<input type="checkbox"/>	C+	Satisfactory
<input type="checkbox"/>	C	
<input type="checkbox"/>	F	Fail

Part III: General comments

**Department of Rehabilitation Sciences
Reimbursement Form for Travelling Allowance/ Sexual Conviction
Record Check**

Student Name: _____ **Student No:** _____
Clinical Placement site: _____ **Block*:** CE IA/ IB/ I/ II/ III/ IV **Programme*:** BScOT/ MOT
Period: _____ **to** _____

For Travelling Allowance:

Eligibility: Those students who need to travel 3 days or more in 1 week, from clinical setting to client's home / community setting.

Student is only eligible to claim public transportation, e.g. bus, mini-bus, LRT, MTR.

Student has to submit the reimbursement form within 3 weeks after completion of the clinical placement block.

Date	Time#	Brief description of activity involved:	From#	To#	Mean of Transport#	Travelling Fee / Sexual Conviction Record Check Fee*

*Please delete as appropriate
 #Not applicable to Sexual Conviction Record Check, please fill in "N/A" in the table.

Notes:

1. A claimant who knowingly gives false information or withholds any material information renders himself/herself liable to refund of any or all payments rendered and/or to disciplinary proceeding.
2. The information a claimant provides in this form will be used to facilitate the process of his/her claim or a directly-related purpose in the University. It may be provided to departments/offices/centres/units, and/or any other internal/external bodies, where applicable, authorized to process the information for purposes relating to the collection of such information.
3. Payment will be made directly into the claimant's bank account. Please complete the bank details at the <https://www40.polvu.edu.hk/fosae/>.
4. Please forward to **Mr. Andy Yu (General Office QT512)** for processing after completion.

Signature of applicant: _____

Endorsement from Clinical Educator: _____

Signature of Clinical Education Team Member responsible for arranging placement: _____



The Hong Kong Polytechnic University
Health, Safety and Environment Office
香港理工大學
健康安全及環境事務處

HSE Form 2 (01/2009)

For HSEO Use
Case No.:

Accident/Incident Report Form
意外/事故報告表

Note: This report form should be completed and sent to the Health, Safety and Environment Office in sealed envelop through the Head of Department within 72 hours of the accident/incident. Please refer to Accident/Incident Reporting and Investigation Procedure (Section A400, Health and Safety Guide). The information provided herein will be used for investigation and compiling accident statistics.

In case of work-related accident to employee of the University which results in death or partial incapacity, the concerned department should complete HR Form 67 instead of this form. The HR Form 67 should be filed with the Human Resources Office immediately after such an accident is known and a copy of the form be sent to the Health, Safety and Environment Office.

注意: 此表格須經部門主管於意外/事故發生後七十二小時內批注, 以密封函件轉交健康安全及環境事務處。本表格內容只供意外調查及統計之用。請參考理工大學安全健康指引中A400 號文件: 事故及意外之報告及調查程序。若為僱員因工遭遇意外而致死亡或喪失部份工作能力, 有關部門應填寫人力資源處表格HR Form 67, 並將副本呈送健康安全及環境事務處。

1. General Information of Accident: 意外資料

Date 日期: _____ Time 時間: _____
Location of Incident/Accident 事發地點: _____ Department in charge of the location 事發地點所屬部門: _____

2. Nature of Incident: 事故性質

- i. Personal injury 個人損傷 ii. Damage to property/equipment 財物損失
 iii. Spillage of chemicals 化學品洩漏 iv. Fire 火警
 v. Incident of significant environmental impact 嚴重環境影響的事故 vi. Others (Please specify) 其他 (請詳述之)

3. Personal Data (Complete this section for each injured reporting person): 個人資料 (各傷者需個別填寫此格)

Name 姓名: _____ (_____) Sex 性別: _____ Age 年齡: _____
English (Surname first) 英文 Chinese 中文

Dept/Company 部門/公司: _____ * Student / Staff / Visitor / Contractor
* 學生 / 職員 / 訪客 / 承建商

Contact Telephone: _____ * Staff / Student No.
聯絡電話 _____ * 職員 / 學生編號

Nature of injury: * Amputation / burn / contusion / fracture / laceration / sprain/ others (please specify)
受傷性質 * 切斷 / 燒傷 / 撞傷 / 折骨 / 割傷 / 扭傷 / 其他 (請詳述之)

Part of body injured: * Hand / leg / head / eye / others (please specify)
受傷部位 * 手 / 腳 / 頭 / 眼 / 其他 部位 (請詳述之)

Name of hospital/clinic where injured person received medical treatment:
就醫醫院/診所名稱

University Clinic (UHS) Others _____ (Date 日期: _____)
大學診所 其他

(to be cont'd 續下頁)



The Hong Kong Polytechnic University
Health, Safety and Environment Office
香港理工大學
健康安全及環境事務處

Sick leave recommended: _____ days (from _____ to _____)
建議病假 日 由 至

4. Details on how the accident/damage occurred. Sketch on separate sheet, if applicable.
事故發生的詳細內容，如有需要請附圖例。

5. Causes of accident/incident
事故發生原因

6. Recommendation for prevention of recurrence
建議預防措施

Reported by: _____ Endorsed by HoD: _____
報告者 () 部門主管批注 ()

Date 日期: _____ Date 日期: _____

For HSEO Use

Separate investigation report required No Yes report no. _____

* Please delete as appropriate 請刪除不適用

Department of Rehabilitation Sciences
Departmental Learning and Teaching Committee

Departmental Guidelines on Returning Clinical Reports to Students

1. As endorsed by Faculty Learning and Teaching Committee of Faculty of Health and Social Sciences (FHSS), students can obtain copies of their clinical education performance reports upon submitting a request. The rationale for releasing the performance report is to promote effective learning and professional development of students.
2. The Department of Rehabilitation Sciences (RS) suggests the following procedures for implementation of the distribution guideline by FHSS:
 - a. Students who wish to obtain a copy of their clinical education reports should complete an application form and return to the General Office (GO) after the completion of respective placements. Students need to specify the subject code(s) in the application form, and the number of copy requesting per report.
 - b. Only pages with written comments and the final grade of the clinical report will be included in the copies. Personal data of clinical educators and patients (if applicable) will not be shown in the copies.
 - c. The application charge is \$50. The charge for report copies is \$5 per page.
 - d. Subject to receipt of the written reports by General Office and after the results of clinical placement subjects are finalized in the Board of Examination, students who applied for copies of reports and paid the associated fee can collect the requested copies in GO within 14 working days
 - e. Students can request for copies within 6 months after they completed a placement block.
 - f. Students can apply for copies of their reports after this guideline is implemented. No retrospective application is allowed.



Application for Clinical Report on Clinical Education

I. Particulars of Applicant

Name:	Student Number:
HKID Card Number:	Email Address:
Phone Number:	

II. Application Details

Number of copies per report requested: _____

BSc (Hons) in Physiotherapy <input type="checkbox"/> Clinical Education I (RS27100) <input type="checkbox"/> Clinical Education III-1 (RS47100) <input type="checkbox"/> Clinical Education III-2 (RS47200) <input type="checkbox"/> Clinical Education III -3 (RS47300) <input type="checkbox"/> Clinical Education III-4 (RS47400) <input type="checkbox"/> Clinical Education III-5 (RS47500) <input type="checkbox"/>	Master in Physiotherapy <input type="checkbox"/> Clinical Education I (RS5331) <input type="checkbox"/> Clinical Education II (RS5332) <input type="checkbox"/> Clinical Education III (RS5333) <input type="checkbox"/> Clinical Education IV (RS5334) <input type="checkbox"/> Clinical Education V (RS5335) <input type="checkbox"/> Clinical Education VI (RS5336) <input type="checkbox"/>
BSc (Hons) in Occupational Therapy <input type="checkbox"/> Clinical Education IA (RS22401) <input type="checkbox"/> Clinical Education IB (RS22402) <input type="checkbox"/> Clinical Education II (RS32500) <input type="checkbox"/> Clinical Education III (RS42500) <input type="checkbox"/> Clinical Education IV (RS42600) <input type="checkbox"/>	Master in Occupational Therapy <input type="checkbox"/> Clinical Education I (RS5371) <input type="checkbox"/> Clinical Education II (RS5372) <input type="checkbox"/> Clinical Education III (RS5373) <input type="checkbox"/> Clinical Education IV (RS5374) <input type="checkbox"/>

Please tick as appropriate

III Method of Despatch (please tick as appropriate)

- I will collect the report in person
- To be collected by the person authorized (If you authorise another person to submit the application and/or collect the documents on your behalf, please provide a letter of authorisation along with the application, stating the name and HKID Card number of the authorised person. A copy of your HKID Card and the authorised person's HKID Card will be required for verification. Your HKID Card copy will be destroyed after your application has been processed.)

Signature of applicant: _____ Date: _____

FOR OFFICE USE

Application received on _____
 Fees collected: \$ _____ (by cash)
 Student identity card / HKID card checked upon collection

Acknowledgement (to be completed by applicant or authorized person)

I acknowledge receipt of the copy of the clinical reports.

Signature: _____ Date: _____

Notes to students:

- Only pages with written comments and the final grade of the clinical report will be shown in the copies. Personal data of clinical educators and patients (if applicable) will not be shown in the copies.
- The application charge is \$50. The charge for report copies is \$5 per page. Please settle the fees by cash.
- Students can request copies within 6 months after they completed a placement block. No retrospective application is allowed.
- The personal data provided on this form will be used for the purpose of processing this application. All information provided, when no longer required, will be destroyed.

Master in Occupational Therapy (MOT)**Clinical Education I: Guidelines for Primary Health Care Project****Introduction**

Primary care is the provision of integrated, accessible health care services to address a major proportion of personal health care needs, through developing a sustained partnership between professional and patients, and practicing in the context of family and community. Primary is the first point of contact in a continuing healthcare process, covering a wide range of community services where people live and work, with objectives on: health promotion, prevention of acute and chronic diseases, health risk assessment and disease identification, treatment and care for acute and chronic diseases, self-management support, rehabilitative, supportive and palliative care for disability or end-stage diseases (Primary Care Office, Department of Health). With a strong and accessible primary health care system, the rapidly rising needs for secondary (hospital) and tertiary (rehabilitation, supportive) care could be better contained and health care resources more effectively deployed to health promotion and, early screening and intervention.

Advocated by the WHO, primary care is the key to achieving “Health for All” around the world (Rifkin, S., 2018). The Hong Kong SAR Government has taken active steps to formulate policy and promote the development of primary care in the past two decades (Food & Health Bureau, 2010; Health and Medical Development Advisory Committee, 2005). The Government set up the Primary Care Office in 2011, which steers the development of primary care. Occupational therapist is one of the members of the primary care team to provide primary care services in a variety of existing settings and contribute in developing services. For instance, occupational therapists are providing primary care services in the Department of Health, private clinics, non-government organizations (NGOs), and elderly housing. Further development of primary care services are expanding in Community Health Centres (CHCs) and District Health Centres (DHCs).

Around the world, occupational therapist contributes to primary care in the areas of (Metzler, Hartmann, & Lowenthal, 2012; Muir, 2012; Roberts, Farmer, Lamb, Muir, Siebert, 2014):

1. Elderly care: fall prevention, mind-body exercise programmes (Qigong, Tai-chi), screening and early intervention for mild cognitive impairment and early stage of dementia, brain health programmes, active ageing programmes, caregiver support (Callahan, Hendrie, & Tierney, 1995; Graff, Vernooij-Dassen, Hoefnagels, Dekker, & de Witte, 2003).
2. Developmental disabilities (DD): screening and early intervention; parenting skills training or mindful parenting programme; family health services (Case-Smith, 1996; Cheung, Siu, Brown, & Yu, 2018; Tse, Siu, & Li-Tsang, 2018).
3. Chronic illness: self-management support, lifestyle re-design (Garvey, Connolly, Boland, & Smith, 2015).
4. Palliative and end-of-life care (Keesing, & Rosenwax, 2011).
5. Musculoskeletal: injury prevention at work, occupational safety, ergonomics assessments and

intervention (Lamb et. al, 2010).

6. Mental health: early interventions for people at risk of having common mental disorders; mental health promotion, mindfulness interventions (Cook & Howe, 2003; Lambert, Harvey, & Poland, 2007).
7. Assistive devices and technology, environmental modification: consultation services.

The entry-level Master Occupational Therapy education programme (MOT) in PolyU is committed to prepare our graduates for practice in primary health care settings. The primary health care project in Clinical Education I of MOT (35 contact hours), as well as the service learning subject “Enabling Occupation: Home and Community Practice” (39 contact hours) of BScOT, provides opportunities for students to engage in primary care projects like health promotion, early screening and intervention, lifestyle re-design, injury prevention, or self- management support. Clinical educators and faculty members provide guidance and support to students in design, implementation, and evaluation of projects.

Guidelines for Supervision of Primary Health Care Projects

Clinical Educators of CEI will supervise the work of MOT students on the primary health care projects. Students will form small groups (of 2 to 6 students) to work on the projects and are expected to spend 35 hours of work on each group project. Students’ work may cover planning and proposal, preparation, implementation, and evaluation of the project. Clinical Education team members will oversee the projects and provide support if needed. We would pay the NGOs for supervision of the students on the projects upon completion (35 hours). The primary health care projects need to be completed 4 weeks before the start of CEII. Students who do not complete and pass the primary health care projects are not eligible to start CEII.

For the possible topics and objectives of primary health care projects, you may refer to the proposed seven areas listed in last section. Clinical Educators are expected to propose topics and objectives that are suitable for implementation in the clinical setting (NGOs) at first year level, and then guide students to further plan and implement it. Visiting Faculty could take part in the initial planning of the project to make sure they are suitable projects for MOT year 1 students.

Clinical Educators will grade each student with a **Pass or Fail** grade, based on:

1. The group completed the primary health care project satisfactorily (40%).
2. Each student should fulfil the expected 35 hours of participation in the project, and provide a work report endorsed by their Clinical Educator: an account of how they use their time on the project (e.g. planning, implementation, evaluation) (30%)
3. Quality of the written assignment (30%).

Every student should submit a work report (see next page) and a written assignment (maximum of 800 words) to their supervisor upon the completion of project. The assignment should have two parts:

- 1) Summary of project (50%): describe the objectives and contents of service/project, the target group, how it was designed and implemented,
- 2) Reflection on their experience in the project (50%): reflect on their own professional development and personal growth; what they learn about the role and function of OT in the service.

The pass mark is **50%**.

Assessment Rubric

Aspects of Assessment	FAIL	PASS
Completion of objectives of project (40%)	Completed less than 70% of all objectives	Completed more than 70% of all objectives
Participation (30%)	Completed less than 35 hours of work Did not submit work record or work record is not valid	Completed 35 or more hours of work Submitted valid work report
Written Assignment (30%)		
<ul style="list-style-type: none"> • Summary of Project 	Did not submit assignment Summary is too lengthy, not concise, or accurate	Clear, concise and accurate description of project
<ul style="list-style-type: none"> • Reflection 	Does not include reflection on personal growth and professional development	Include reflection on personal growth and professional development

Work Report for Project Primary Health Care Project

Title of Project:	
Organization/Place where Project took place:	
Name of Student:	
Name of Clinical Educator:	
Endorsement of this report by Clinical Educator (Signature):	

Date	Time	Place	Activity¹	Endorsement by Educator (please initial)	Number of Hours²
Total					0.00

¹ Activity: e.g. literature/information search, meeting, planning, implementation, evaluation, documentation. Do not include traveling hours.

² Please use units of 30 minutes

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