**Student Practice Assessment Document**

**LEVEL 4**

2025-2026

Version 2

School of Health and Social Care

[**www.glos.ac.uk**](http://www.glos.ac.uk/)

|  |  |
| --- | --- |
| Name: |  |
| Cohort Year: |  |

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**Trust Contact Details**

Practice Educator

Name………………………………………………………………………………………

Contact details……………………………………………………………………………

**Introduction to Practice Assessment**

The clinical setting will underpin the practice-based modules and will provide an opportunity to undertake practical application of the professional and technical skills necessary for you to provide excellent patient care.

**Practice Setting**

You will be located in an Ophthalmic Imaging department where you will build up your clinical competency over time. The experiences you gain will enable you to learn the daily operations required of an Ophthalmic Imaging Practitioner. A variety of different teaching approaches will be used during your time in practice. These aim to facilitate your learning and support your formative and summative competency assessments. Activities will include a mixture of tutorials in practice, one to one working with a registered healthcare professional, e-learning and independent study.

**Preparation for your practice-setting**

In order to prepare for your practice-setting, please ensure you have read the Practice-setting handbook carefully and are clear on the objectives you need to achieve. During your time in clinic, you will need to undertake a variety of tasks that will support your development. Collectively, these activities make up your professional portfolio assessment.

**Supervision within the Practice-setting**

During your time in your practice-setting, you will be supervised by an experienced member of the Ophthalmic Imaging team who will be your Practice Educator. They will be responsible for your practice-education; overseeing your practice-based training and competency sign-off. They will be your main point of contact throughout your time in clinic. They will hold monthly meetings with you to discuss your progress and any concerns you may have. Additional meetings will also be undertaken in tandem with your University practice-setting supervisor to discuss your progress and any concerns from an academic and/or practice-setting viewpoint.

**Acting with Professionalism**

During your time in practice, you should act with professionalism, be courteous and respect the values and beliefs of all individuals you meet. During this time you will be representing the University and the reputation of the course and therefore, we expect you to uphold excellent behaviour throughout your University training and beyond.

You might also find it useful to refer to the [Student Charter](http://www.glos.ac.uk/life/pages/student-charter.aspx) which sets out the standards of service that students can expect from the University of Gloucestershire together with expectations that the University reasonably has of its students.

Conduct of students preparing to register as Healthcare Science Practitioners should include due care and attention to the appropriate use of social media, thinking through issues and acting professionally, ensuring public protection at all times. Please read the Academy for Healthcare Science [Guidance for the Use of Social Media](https://www.ahcs.ac.uk/registration-guidance/dsocial-media-guidance-for-registrants/) for more details.

**Professional Practice Standards**

All accredited programmes have professional standards which students must adhere to. You will find those related to the Academy for Healthcare Science registration [here](https://www.ahcs.ac.uk/standards/).

You are bound by these professional codes of conduct and behaviour throughout your studies but also in your personal life too. In addition, you are expected to adhere to the codes of conduct and behaviour related to your practice-setting. Where standards are not upheld, there may be negative consequences that impact your fitness to practice and effect your ability to complete your studies and/or your ability to apply for registration with the Academy for Healthcare Science upon graduation.

The University has a Faculty Fitness to Practice Committee which responds to concerns about professional conduct not being upheld. The committee is designed to ensure students are fit for registration and fit to practice. A referral to this Committee may be due to conduct demonstrated whilst at University, during your practice-education time, or whilst away from either of these activities, for example during personal time. Concerns regarding practice areas should always be brought to the attention of your mentor or personal tutor in the first instance.

**Assessment**

Whilst you are in your practice-setting, you will be undertaking various tasks which make up the summative assessments for your Workbased learning modules (HP4001, HP5001, and HP6001). The activities will also help you gain Ophthalmic Imaging-specific experiences and will therefore also supplement learning across your skills-based modules (HP4007, HP4008, HP5005, HP5006, and HP6004).

During level 4, you are introduced to the fundamental knowledge and skills that underpin Healthcare Science (Ophthalmic Imaging) practice. You will learn to demonstrate a sound understanding of normal anatomy and function and start to appreciate how this information relates to the techniques you are completing in a clinical setting. You will be able to show an awareness of professional legislation and quality standards, professional boundaries, ethical practice and the importance of effective communications in person-centred care. Your level 4 Workbased Learning module (HP4001) allows you to showcase this learning within a professional portfolio of evidence. The tasks that you will need to complete to build your portfolio are underpinned by the Standards of Good Scientific Practice.

In order to complete and pass your practice-based portfolio you will need to successfully complete each of the following four parts:

1. **Part 1 – Continuous Personal and Professional Development (Task 1 and Task 2) –** A log of your initial personal development plan and subsequent continuous personal and professional development needs to be kept throughout your practice-based education. This part of your portfolio needs to include evidence of your reflective practice across the other assessment activities.
2. **Part 2 – Ophthalmic Imaging Techniques Logbook (Task 3) –** All numbers for each technique will need to be completed and the record entered into the portfolio. There is an expectation that at least half of these numbers will be completed unassisted.
3. **Part 3 – Clinical Practice Activities (Task 4, Task 5, Task 6, and Task 7) –** Workbased Tasks, Direct Observations of Practice, and Case-Based Discussions will be used to assess this part of your portfolio. You will be given formative feedback following each task to help you develop your practice over time. If needed, you will get 2 attempts at achieving each activity. If you are unsuccessful at second attempt, then this part of your portfolio will be a fail for the exam board. Once each task is complete then the documentation should be entered into your portfolio.
4. **Part 4 – Service User Feedback (Task 8 and Task 9) –** You need to gain feedback from 2 different service users throughout your first year. This feedback does not have to reach a certain standard, it is included to help you learn. Once you have completed it then it needs to be entered into your portfolio.

Each Practice Educator will use their own professional judgement to ensure that you reach the minimum standard expected of you for each task. Failure to successfully complete your 9 tasks will mean that your practice-based assessments will not be complete. You will therefore not complete the course and cannot proceed to registration with the Academy for Healthcare Science.

**Part 1 – Continuous Personal and Professional Development**

For this part of your portfolio, you need to complete the following tasks:

**Task 1 – Personal Development Plan**

1. Review yourself against your professional standards.
2. Complete a self-analysis of your strengths and areas needing development.
3. In discussion with your Practice Educator, produce a personal development plan that will help you work towards professional competency during your practice-education period.
4. Document your personal development plan on the template below.

**Task 2 – Continuous Personal and Professional Development (CPPD) Competency Log**

1. Keep a reflective log of your CPPD activities using the template below.
2. As a minimum, CPPD Activities for Level 4 students must include the following:
   1. Mandatory/Statutory Training in:
      1. Basic Life Support/Resuscitation
      2. Conflict Resolution
      3. Data Protection/Information Governance
      4. Equality and Diversity
      5. Fire Safety
      6. General Health and Safety
      7. Infection, Prevention and Control
      8. Manual Handling Safety
      9. Safeguarding Adults
      10. Safeguarding Children
   2. Reflection following review of Year 3 dissertation showcase *(showcase held during Block 2)*
3. Visit to a further five different Healthcare Science disciplines. Disciplines could include, but is not exhaustive of, the following:

* A&E
* Audiology,
* Biochemistry,
* Blood transfusion/ Haematology,
* Cardiology,
* Cytology/Oncology,
* Dermatology,
* Diagnostic imaging/ Radiography
* Endocrinology,
* Gastroenterology,
* Genetics,
* Gynaecology,
* Histocompatibility and Immunogenetics,
* Histology,
* Immunology,
* Medical physics,
* Microbiology/Virology,
* Nephrology/Urology,
* Neurology,
* Respiratory medicine,
* Rheumatology,

**Personal Development Plan/CPPD Competency Log TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Development Plan** | | | |
| **Student name:** | | | |
| **COVERING THE PERIOD FROM:** |  | **TO:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What are my actions?** | **What will I do to achieve this?** | **What resources or support will I need?** | **What will my success criteria be?** | **Target dates for review and completion** |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| **Continuous Personal and Professional Development (CPPD) Competency Log** | | | |
| **Student name:** | | | |
| **COVERING THE PERIOD FROM:** |  | **TO:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **What** | **So What** | **Now What** | **GSP Mapping** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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**Part 2 – Ophthalmic Imaging Techniques Logbook**

For this part of your portfolio, you need to successfully complete a log of the Ophthalmic Imaging techniques that you are carrying out. There are 5 different techniques for you to log.

**Task 3 – Ophthalmic Imaging Techniques Logbook**

1. With support from your Practice Educator, complete workbased training on each of the techniques below.
2. Your Practice Educator must sign to confirm whether you completed the technique ‘assisted’ or ‘unassisted’. At least half of those logged, in each section, should be recorded as unassisted.
3. For techniques to be classed as ‘unassisted’, you are expected to:

* accurately select the equipment needed for the technique,
* prepare the equipment and the patient for the technique; including checking the equipment and environment is safe, confirming patient identification, and gaining patient consent
* accurately complete the technique
* accurately record the results

1. Log at least 10 examples of you completing each technique. Each example should be used as a learning opportunity for you to receive informal feedback from the Practice Educator. **NOTE.** Your techniques Log does not provide proof of competency but rather proof of ongoing development. Individual competency will be assessed by the Practice Educator and in accordance with the department’s own Education and Training Policy and Standard Operating Procedures.
2. Reflect on the feedback you received from your Practice Educator and, if appropriate, add to your CPPD log. **NOTE.** You are not expected to reflect upon all 50 techniques but rather those which offered the most insightful learning.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Comments** | | | | |
| Technique 1 – Perform Non-Aneurysmal Abdominal Aortic Aneurysm Scan | | **Assisted**  **(Y/N)** | **Unassisted**  **(Y/N)** | **Practice Educator Signature** | **Date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Comments** | | | | |
| Technique 2 – Perform Aneurysmal Abdominal Aortic Aneurysm Scan | | **Assisted**  **(Y/N)** | **Unassisted**  **(Y/N)** | **Practice Educator Signature** | **Date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **Number** | **Comments** | | | | |
| Technique 3 – Perform Resting Ankle Brachial Pressure Index | | **Assisted**  **(Y/N)** | **Unassisted**  **(Y/N)** | **Practice Educator Signature** | **Date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number** | **Comments** | | | | |
| Technique 4 – Perform Exercise Ankle Brachial Pressure Index | | **Assisted**  **(Y/N)** | **Unassisted**  **(Y/N)** | **Practice Educator Signature** | **Date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| **Number** | **Comments** | | | | |
| Technique 5 – Perform Toe Pressure Test | | **Assisted**  **(Y/N)** | **Unassisted**  **(Y/N)** | **Practice Educator Signature** | **Date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**Part 3 – Clinical Practice Activities**

For this part of your portfolio, you need to complete the following tasks:

**Task 4 – Workbased Task – Risk Assessment**

1. Review the department’s risk assessment process.
2. In discussion with your Practice Educator, select a process or procedure to risk assess by following your local procedure.
3. Complete a formal record of the risk assessment and send to your Practice Educator for review. You should ensure to include your reasoning for any recommendations/actions.
4. Reflect on the feedback you received from your Practice Educator and add to your CPPD log.

**Task 5 – Direct Observation of Practice 1 – Abdominal Aortic Aneurysm Scan**

1. In discussion with your Practice Educator, arrange a date for your Direct Observation of Practice assessment.
2. Undertake Direct Observation of Practice using the form below.
3. Reflect on the feedback you received from your Practice Educator and add to your CPPD log.

**Task 6 – Direct Observation of Practice 2 – Ankle Brachial Pressure Index**

1. In discussion with your Practice Educator, arrange a date for your Direct Observation of Practice assessment.
2. Undertake Direct Observation of Practice 2 using the form below.
3. Reflect on the feedback you received from your Practice Educator and add to your CPPD log.

**Task 7 – Case Based Discussion**

1. Select an interesting case from your practice to use as your Case Based Discussion. You should look to ensure that the case will allow you to showcase your applied understanding of basic ophthalmic investigation.
2. In discussion with your Practice Educator, arrange a date for your Case-Based Discussion.
3. Undertake Case-Based Discussion using the form below.
4. Reflect on the feedback you received from your Practice Educator and add to your CPPD log.

**Direct Observation of Practical Skills TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student name:** |  | **Student’s signature:** |  |
| **Procedure type:** |  | **Procedure date:** |  |
| **Practice Educator name:** |  | **Practice Educator signature:** |  |
| **Practice Educator’s position:** |  | **Outcome:** | **Satisfactory/Unsatisfactory** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Difficulty of the procedure** | **Low** | **Average** | **High** |
| **Number of times procedure has been**  **performed ‘unassisted’ by student prior to today’s observation** | **1–4** | **5–9** | **>10** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the following areas using the scale below**  1Please mark this if you have not observed the behaviour | **Below expectation** | **Borderline** | **Meets expectation** | **Above expectation** | **Unable to comment1** |
| **1. Understands scientific principles of procedure, including basic science underpinning it** |  |  |  |  |  |
| **2. Has read, understands and follows the appropriate standard operating procedures, risk and COSHH assessments, and any other relevant health and safety documentation** |  |  |  |  |  |
| **3. Understands and applies the appropriate internal and external quality control associated with the procedure** |  |  |  |  |  |
| **4. Understands the risks associated with items of equipment and uses them appropriately** |  |  |  |  |  |
| **5. Completes associated documentation accurately** |  |  |  |  |  |
| **6. Output meets accepted departmental/professional standards** |  |  |  |  |  |
| **7. Carries out the procedure within the appropriate time frame** |  |  |  |  |  |
| **8. Is aware of the limitations of the test** |  |  |  |  |  |
| **9. Demonstrates awareness of the limits of responsibility and when to seek advice** |  |  |  |  |  |
| **10. Professionalism** |  |  |  |  |  |
| **Feedback:** | **Actions:** | | | | |

**Case Based Discussion TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student name:** |  | **Student’s signature:** |  |
| **Brief description of Case:** |  | **Discussion date:** |  |
| **Practice Educator name:** |  | **Practice Educator signature:** |  |
| **Practice Educator’s position:** |  | **Outcome:** | **Satisfactory/Unsatisfactory** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Difficulty of the procedure** | **Low** | **Average** | **High** |
| **Number of times procedure has been**  **performed ‘unassisted’ by student prior to today’s observation** | **1–4** | **5–9** | **>10** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please grade the following areas using the scale below**  1Please mark this if you have not observed the behaviour | **Below expectation** | **Borderline** | **Meets expectation** | **Above expectation** | **Unable to comment1** |
| **1. Understands clinical and/or scientific principles relevant to case/scenario** |  |  |  |  |  |
| **2. Can discuss relevant health and safety issues** |  |  |  |  |  |
| **3. Can discuss the procedures used to obtain the results** |  |  |  |  |  |
| **4. Can discuss the quality control procedures to ensure the result is accurate** |  |  |  |  |  |
| **5. Demonstrates a knowledge of relevant ‘Best Practice’ guidelines and other policies relevant to the scenario** |  |  |  |  |  |
| **6. Can discuss the significance of routine patient results with reference to the reasons for referral** |  |  |  |  |  |
| **7. Is aware of, and can use as required, appropriate resources to aid in the interpretation of results** |  |  |  |  |  |
| **8. Is aware of the importance of the audit trail and can complete the audit trail accurately** |  |  |  |  |  |
| **9. Demonstrates awareness of the limits of responsibility and when to seek advice** |  |  |  |  |  |
| **10. Professionalism** |  |  |  |  |  |
| **Feedback:** | **Actions:** | | | | |

**Part 4 – Service User Feedback**

For this part of your portfolio, you need to complete the following tasks:

**Task 8 – Service User Feedback 1 – Abdominal Aortic Aneurysm Scan**

1. In conjunction with your Practice Educator, use the service user information sheet and agreement form (below) to gain consent from your patient to participate in your training.
2. Once consent has been established, give your service user the feedback questionnaire to complete. They should complete the feedback after their Abdominal Aortic Aneurysm Scan appointment and before they leave the department.
3. Reflect on the feedback you received from your Service User and add to your CPPD log.

**Task 9 – Service User Feedback 2 – Ankle Brachial Pressure Index**

1. In conjunction with your Practice Educator, use the service user information sheet and agreement form (below) to gain consent from your patient to participate in your training.
2. Once consent has been established, give your service user the feedback questionnaire to complete. They should complete the feedback after their Ankle Brachial Pressure Index appointment and before they leave the department.
3. Reflect on the feedback you received from your Service User and add to your CPPD log.

Service Users Information Sheet

We recognise that the views of services users/patients/carers are important when training and assessing Healthcare Science students.

**Training to become an Ophthalmic Imaging Practitioner**

All Ophthalmic Imaging students are trained at University over a period of three years. Part of this time is spent studying under the supervision of experienced Ophthalmic Imaging staff.

**How are students assessed?**

Students are supervised and assessed in their practice by qualified and experienced Ophthalmic Imaging staff. They teach and observe the student carrying out specific tasks.

**How does this involve you?**

We ask service users, patients, and carers if they are willing to provide feedback on the student to help them learn from their practice. If you are happy to do this, please complete the form. You are under no obligation to complete the form.

Possible questions you may have:

Will the student hear what I have said about them?

*Yes. The Practice Educator will let the student know. This is important that the student can learn and develop to become a good practitioner.*

Will it be my fault if the student fails?

*No. Your views will contribute to the overall assessment and the final report completed by the Practice Educator*

Will my name be in the final report?

*No. There will be no need to identify you.*

If you have any other questions or queries, please ask the student’s Practice Educator.

If you are willing to give feedback, please **initial** the agreement form overleaf. Your comments will not affect the service you receive in any way. **Thank You**

Service User Agreement TEMPLATE

For Service Users/Patients/Carers to take part in the Assessment Process for Healthcare Science Degree Students on Placement

|  |  |
| --- | --- |
| Name of Student: |  |
| Practice Setting: |  |
| Name of Practice Educator; |  |

The Practice Educator has discussed with me the taking part in assessing a Healthcare Science student in training and I understand what this involves. I am aware that I do not have to give any feedback, but my comments may help a student learn.

I am aware that I will not be named or identified in the student’s assessment report. If I change my mind at a later stage I will let the student or Practice Educator know and it will not affect the service I receive.

To ensure your confidentiality please do not sign this form – simply initial it.

Initial:

Date:……………………………………………………………………………………….

Service User Feedback TEMPLATE

|  |  |
| --- | --- |
| Name of Student |  |
| Practice setting/Practice Educator: |  |

Please answer the questions thoroughly and truthfully to support the students’ development. Your feedback will not impact on the service you receive. Thank you for your participation.

Use the following scale, thinking specifically of the student you are providing feedback about.

**1 = Never 2 = Sometimes 3 = Most of the Time 4 = Always NE = No experience**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **Introduces themselves to you clearly using eye contact** | **1** | **2** | **3** | **4** | **NE** |
| **2** | **Explains their role in your appointment** | **1** | **2** | **3** | **4** | **NE** |
| **3** | **Confirms your identity with the details on record** | **1** | **2** | **3** | **4** | **NE** |
| **4** | **Outlines, in an understandable manner, the details of the process you are undertaking** | **1** | **2** | **3** | **4** | **NE** |
| **5** | **Listens to you and gives you time to talk and ask questions** | **1** | **2** | **3** | **4** | **NE** |
| **6** | **Answers your questions to your satisfaction** | **1** | **2** | **3** | **4** | **NE** |
| **7** | **Ensures you give consent prior to continuing with your appointment** | **1** | **2** | **3** | **4** | **NE** |
| **8** | **Takes precautions to maintain your privacy** | **1** | **2** | **3** | **4** | **NE** |
| **9** | **Takes precautions to maintain your safety** | **1** | **2** | **3** | **4** | **NE** |
| **10** | **Explains the next steps in your care** | **1** | **2** | **3** | **4** | **NE** |

Initials: Date:

To ensure your confidentiality please do not sign this form – simply initial it.