**Underperforming Student Form**

This form provides a record for the student and the University that the student is at risk of failing their clinical placement.

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| **Student Name:** |  |
| **Date:** |  |
| **Placement (1st /2nd /3rd /4th ):** |  |
| **Date and indicate what week of placement:** |  |
| **Placement Site:** |  |
| **Placement Address:** |  |
| **Name of Practice Educator(s):** |  |
| **Practice Educator Phone:** |  |
| **Practice Educator Email:** |  |
| **Practice Tutor:** |  |

**First Meeting**

Outline the competency area(s) that are a cause for concern. Outline a minimum of two specific examples of performance per competency area that indicates these concerns:

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| Competency area 1 (areas of concern): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specific examples:1.2. |

*Additional competency areas can be discussed as relevant:*

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| Competency area 2 (areas of concern): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specific examples:1.2. |

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| Student’s viewpoint on feedback:(optional) |  |

Outline the agreed action plan that has been developed between the practice educator and the student to develop their competence in the above area(s). Actions need to be specific and have a timeframe:

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| Competency area 1 action plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Review Date *(Usually 1 week):* |

*Additional competency areas can be discussed as relevant:*

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| Competency area 2 action plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Review Date *(Usually 1 week):* |

Please note, failure to develop competency levels to an appropriate level within the above specified timeframes **may** result in a failed placement and immediate exit from this placement.

The academic year coordinator, practice education coordinator and head of department will be kept up to date on the process.

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| --- | --- |
| Signature of student: | Date: / /20 |
| Signature of Practice Educator: | Date: / /20 |
| Signature of Practice Tutor (PT) *and/or* Practice Education Coordinator (PEC): | Date: / /20 |

**Review Meeting**

|  |  |
| --- | --- |
| **Student Name:** |  |
| **Date:** |  |
| **Placement (1st /2nd /3rd /4th ):** |  |
| **Date and indicate what week of placement:** |  |
| **Placement Site:** |  |
| **Placement Address:** |  |
| **Name of Practice Educator(s):** |  |
| **Practice Educator Phone:** |  |
| **Practice Educator Email:** |  |
| **Practice Tutor:** |  |

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| Please list any actions that have been achieved since the initial meeting  |  |
| Please list any actions that have not been achieved since the initial meeting |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Option 1 | Option 2 | Option 3 |
| Has the student’s performance improved to meet levels of expected competency?*(Choose 1 option)* | Yes, the student can come off the underperforming student pathway, *(Discontinue pathway)* | Yes, there has been an improvement, however some concerns remain *(Continue with pathway)* | No, the student has failed the placement |

In the event that the student is continuing this pathway, Outline the agreed action plan that has been re-developed between the practice educator and the student to develop their competence in the above area(s). Actions need to be specific and have a timeframe:

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| Competency area 1 action plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Review Date *(Usually 1 week):* |

*Additional competency areas can be discussed as relevant:*

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| --- |
| Competency area 2 action plan: \_\_\_ \_Review Date *(Usually 1 week):* |

Please note, failure to develop competency levels to an appropriate level within the above specified timeframes **will** result in a failed placement and immediate exit from this placement.

The academic year coordinator and head of department will be kept update to date on an underperforming student.

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| --- | --- |
| Signature of student: | Date: / /20 |
| Signature of Practice Educator: | Date: / /20 |
| Signature of Practice Tutor (PT) *and/or* Practice Education Coordinator (PEC): | Date: / /20 |

**Final Review Meeting**

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| --- | --- |
| **Student Name:** |  |
| **Date:** |  |
| **Placement (1st /2nd /3rd /4th ):** |  |
| **Date and indicate what week of placement:** |  |
| **Placement Site:** |  |
| **Placement Address:** |  |
| **Name of Practice Educator(s):** |  |
| **Practice Educator Phone:** |  |
| **Practice Educator Email:** |  |
| **Practice Tutor:** |  |

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| Please list any actions that have been achieved since the initial meeting  |  |
| Please list any actions that have not been achieved since the initial meeting |  |
| Has the student’s performance improved to meet levels of expected competency?*(Please tick)* | Yes, the student can come off the underperforming student pathway | No, the student has failed the placement |

|  |  |
| --- | --- |
| Signature of student: | Date: / /20 |
| Signature of Practice Educator: | Date: / /20 |
| Signature of Practice Tutor (PT) *and/or* Practice Education Coordinator (PEC): | Date: / /20 |

*Please refer to procedure ‘Completing Underperforming Student Form’ for guidance.*