

Placement profile

Names and roles
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Placement overview

I was on placement on a stroke ward in the hyper-acute unit. I was dealing with the initial neuro assessments as opposed to the rehabilitation side of stroke. About 2 weeks into my placement, I had to isolate and was then working from home. I was set a lot of work to complete virtually which contributed to my hours. I had case studies, presentations, assessment predictions and clinical reasoning forms. All of this helped solidify my knowledge so then when I went back to the ward after my isolation period I felt more confident in what I was doing and why.

Supervision

1:1, Face to face and remote long arm supervision

Lessons learnt:

- 1. Working virtually does not have to be a negative experience and can be beneficial.
- 2. Don't be afraid to discuss your clinical reasoning with your educator, ask your educator if you're unsure of anything.
- 3. Making time to reflect on your practice will improve your confidence, especially in a fast paced environment.

Top tip for others:

 If you to do a virtual placement, I'd really recommend asking for as much work as you can manage as it keeps you thinking in a clinical way, with the added bonus of having extra time for your clinical reasoning and evidence based practice.

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