



STAGE 2 ASSESSMENT FOR OVERSEAS-TRAINED OCCUPATIONAL THERAPISTS SUPERVISED PRACTICE PLAN (SPP)

Each heading relates to the OTBA Australian occupational therapy competency standards 2018. Practice Behaviours for each standard are listed to guide your SPP goal development. The highlighted section under each heading indicates what the OTC assessors look for in order to approve your supervised practice plan

Name: John Citizen

Workplace: ABC Recovery

Supervisor: Elva Crabb

1. **Professionalism:** *An OT practises in an ethical, safe, lawful and accountable manner, supporting client health and wellbeing through occupation and consideration of the person and environment.*
 - 1.1 Complies with the OTBA standards, guidelines and code of conduct.
 - 1.2 Adheres to legislation relevant to practice.
 - 1.3 Maintains professional boundaries in all client and professional relationships.
 - 1.4 Recognises and manages conflicts of interest in all client and professional relationships.
 - 1.5 Practises in a culturally responsive and culturally safe manner with respect to culturally diverse client groups.
 - 1.6 Incorporates and responds to historical political cultural societal environmental and economic factors influencing health wellbeing and occupations of Aboriginal and Torres Strait Islanders.
 - 1.7 Collaborates and consults ethically and responsibly for effective client-centred and inter-professional practice.
 - 1.8 Adheres to all work health and safety and quality requirements for practice.
 - 1.9 Identifies and manages the influence of his/her values and culture on practice.
 - 1.10 Practises within limits of his/her level of competence and expertise.
 - 1.11 Maintains professional competence and adapts to change in practice contexts.
 - 1.12 Identifies and uses relevant professional and operational support and supervision.
 - 1.13 Manages resources, time and workload accountably and effectively.

- 1.14 Recognises and manages his/her own physical and mental health for safe, professional practice.
- 1.15 Addresses issues of occupational justice in practice.
- 1.16 Contributes to the education and professional practice development of peers and students.
- 1.17 Recognises and manages any inherent power imbalance in relationships with clients.

Are there specific goals around identification and consideration of regulatory processes and practice guidelines?

- Code of Conduct,
- Scope of Practice document,
- relevant legislation
- adherence to organisational guidelines

Is there a goal pertaining to managing professional relationships, potential conflict, and boundaries? Clients, colleagues, stakeholders etc.

Is there a goal pertaining to collaborative and interprofessional practice?

Is there a goal pertaining to client centred care?

Is the cultural context of the practitioner, workplace and community (eg. the migrant nature of the Australian milieu) considered by the applicant?

Is there a specific goal around cultural competency in regard to the historical political cultural societal environmental and economic factors influencing health wellbeing and occupations of Aboriginal and Torres Strait Islanders?

GOAL	ACTIONS TO ACHIEVE GOAL	MEANS TO MEASURE THAT GOAL HAS BEEN ACHIEVED
1. To develop knowledge and competency around cultural differences within various cultural contexts here in Sydney, and an understanding of impact upon communication in healthcare settings.	1. Discuss the local area social and cultural mix and identify priorities and factors in regard to cultural context with the trans-cultural worker (part-time at ABC Recovery), my supervisor, and other clinicians. 2. To acknowledge my own cultural background and impact on my communication and discuss/seek feedback with supervisor as required/appropriate.	<ul style="list-style-type: none"> • Present findings/summary to staff in the example of a case study. • Supervisor deems competent after the above.
2. Increase my awareness about Indigenous history and culture in Australia including the impact of government policies over the years, and consider specifically the impact on local communities and individuals here.	1. Undertake the cultural competency training available through ABC Recovery, funded by ABC Recovery. 2. Meet with local Aboriginal health worker (council) to discuss role. 3. Read "Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice" available at: www.healthinonet.ecu.edu.au/key-resources/promotion-resources?lid=17709 and also 4. NSW aboriginal health impact statement, available at:	<ul style="list-style-type: none"> • Certificate from cultural competency training sighted by manager. • Presentation on significant government policies and impact on indigenous, and in particular the local community to supervisor in supervision session. • Team presentation on OT literature specific to working with Indigenous Australians and application to ABC Recovery services.

	<p>http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_034.pdf</p> <ol style="list-style-type: none"> 5. Discuss with other team members. 6. Research occupational therapy literature specific to working with Indigenous Australians. 7. Research significant government policies and the impact on indigenous Australians, and in particular the relevance to the local community. 	<ul style="list-style-type: none"> • Supervisor to be confident of competence through the above and other means such as observation of practice.
3. Gain an understanding of the migrant nature of the history of Australia and the impact upon current society.	<ol style="list-style-type: none"> 1. Research migration through the local community centre/library. 	<ul style="list-style-type: none"> • Present findings and summary questions to supervisor in one specific supervision session. • Supervisor to be confident of competence through the above and other means such as observation of practice.
4. Ensure ethically competent interactions with clients, consumers, and carers and everyone in my professional role.	<ol style="list-style-type: none"> 1. Become familiar with available OT Code of Ethics and Code of Conduct and compare to that of my own country. 2. Research ethically competent health care practices. 3. Prepare a staff development on considerations around ethically competent health care provision. 4. Seek out information and knowledge from other team members to include in the above presentation. 	<ul style="list-style-type: none"> • Discuss in supervision and supervisor deems competent. • Presentation to OT team on “ethically competent health care practices with consumers and carers in Australia” rating sheet discussion with peers. Supervisor deems competent after discussion re presentation.
5. In my work I will maintain a client focus to my work, recognising and respecting that all individuals have unique needs around occupational well-being and formulation of individualised treatment.	<ol style="list-style-type: none"> 1. Ensure personalised goal formulation with each client, based on circumstances and needs. 2. Ask about (identify), acknowledge and incorporate cultural awareness when working with indigenous Australians. 3. Evaluate and track goals throughout treatment with each client. 	<ul style="list-style-type: none"> • Discuss progress with clients in supervision, in relation to goal progression. • Supervisor deems competent in this area.
6. To consider the environment of the wider community and community resources and services.	<ol style="list-style-type: none"> 1. To be aware of the resources in the community, and those that have particular cultural relevance to various people depending on background and circumstances. 2. Visit or research the available resources at local community health centres and library. 	<ul style="list-style-type: none"> • Present community resource folder to supervisor. • Supervisor agrees that consideration of community resources is a factor in linking consumers into local services on closure.

<p>7. Increase knowledge of local community resources.</p>	<ol style="list-style-type: none"> 1. Collect information on relevant local supports and services. 2. Discuss and ask about relevant supports for people from colleagues and others to increase knowledge of options and resources in the area. 3. Arrange to visit identified community resources as agreed with supervisor. 4. Establish collaborative working relationships with the above in order to facilitate good outcomes for clients. 5. Develop an understanding of the local area social milieu and context through research and discussion with colleagues and others. 6. Participate in appropriate training that may be available. 	<ul style="list-style-type: none"> • Case study on the use of community resources and presented in supervision. • Deemed competent by supervisor.
<p>5. Maintain clear boundaries and responsibilities with regard to client rights and aspects of confidentiality.</p>	<ol style="list-style-type: none"> 1. To articulate responsibilities to each client and maintain confidentiality within the rehab setting. 2. To discuss with the team leader the balance of individual rights with risk management and client's family interests – orientation to forms required. 3. Complete risk management training. 4. Training on rights and confidentiality 	<ul style="list-style-type: none"> • Supervisor to be confident in this goal being met through discussion in supervision and observation of practice and interactions. • Supervisor to assess based on team members feedback.
<p>8. To be conversant with the occupational therapy professions (Australia) code of ethics and any relevant standards and code of conduct.</p>	<ol style="list-style-type: none"> 1. Seek and read Competency Standards 2018 and OT code of conduct documents from OT Board website. 2. Look at OT Association website and guidelines for clinical practice documents relevant to my area of practice, and more broadly for general orientation. 3. Clarify my understanding of these in a specific supervision session. 	<ul style="list-style-type: none"> • Present case scenario or clinical dilemma in supervision and discuss from perspective of code of ethics/standards. • Supervisor deems competent.
<p>9. To ensure ongoing professional development.</p>	<ol style="list-style-type: none"> 1. Ask other OTs how they undertake this and keep up-to-date. 2. Research availability of PD resources outside of the workplace – e.g. Courses, OTA website listings. 	<ul style="list-style-type: none"> • At the end of my placement to have a clear understanding of the ongoing requirements for PD in Australia which I can communicate to my supervisor

	<ol style="list-style-type: none"> 3. Become familiar with relevant journals available, and find out how to access journal articles (? at work/? via OT Association). 4. Take time for PD as negotiated with supervisor 	<p>in the format of developing my own personal plan for ongoing supervision</p> <ul style="list-style-type: none"> • Address the above in a specific session with supervisor.
10. To become familiar with the processes of the wider health service/s in Australia and some of the legislation underpinning it	<ol style="list-style-type: none"> 1. Read Willis book Healthcare in Australia via Elsevier.com 2. Develop understanding of the 'mixed health care system' in Australia and how it relates to ABC Recovery. 3. Read about Medicare, how it works. 4. Check out Australia.gov.au resources 5. Read/have an overview understanding of the Mental Health Act, the National Standards in Mental Health, Medicare, NDIS. 6. Research national/state healthcare legislation to develop an overview. 	<ul style="list-style-type: none"> • Give an overview of the mixed model of healthcare to supervisor in a supervision session, and seek examples in workplace from supervisor. • Be able to articulate to supervisor and clients how the NDIS is relevant to the work setting. • Supervisor is confident I have a broad understanding of relevant legislation and processes in Australia relevant to my work, based on a discussion around this.

2. Knowledge and learning: *An OT's knowledge, skills and behaviours in practice are informed by relevant and contemporary theory, practice knowledge and evidence, and are maintained and developed by ongoing professional development and learning.*

- 2.1 Applies current and evidence-informed knowledge of occupational therapy and other appropriate and relevant theory in practice.
- 2.2 Applies theory and frameworks of occupation to professional practice and decision-making.
- 2.3 Identifies and applies best available evidence in professional practice and decision-making.
- 2.4 Understands and responds to Aboriginal and Torres Strait Islander health philosophies, leadership, research and practices.
- 2.5 Maintains current knowledge for cultural responsiveness to all groups in the practice setting.
- 2.6 Maintains and improves currency of knowledge, skills and new evidence for practice by adhering to the requirements for continuing professional development.
- 2.7 Implements a specific learning and development plan when moving to a new area of practice or returning to practising.
- 2.8 Reflects on practice to inform current and future reasoning and decision-making and the integration of theory and evidence into practice.
- 2.9 Maintains knowledge of relevant resources and technologies.
- 2.10 Maintains a digital literacy for practice.

Does the applicant include relevant wider OT skills and values, particularly if they are in a narrow field of practice?

Is there a goal around use of evidence informed practice in the area of supervised practice?

Is there evidence of application of theory and frameworks of occupation in professional practice?

In general, has the applicant demonstrated awareness of relevant wider clinical skills required in Australian Health care settings?

GOAL	ACTIONS TO ACHIEVE GOAL	MEANS TO MEASURE THAT GOAL HAS BEEN ACHIEVED
1. To understand and apply current and up-to-date evidence to my work at ABC Recovery	<ol style="list-style-type: none"> 1. Discuss evidence and framework for practice at ABC Recovery with supervisor for guidance in a supervision session. 2. Update knowledge base in regard to recovery framework, stepped models of care and current evidence base for mental health interventions in use at ABC Recovery. 	<ul style="list-style-type: none"> • Continued observation and evaluation of interventions and processes through supervision. • Presentation to supervisor in a specific supervision session on the recovery model in OT practice. • Supervisor deems competent in understanding and application of evidence-based practice at ABC.
2. Ensure I maintain an occupational framework in work and apply relevant models of OT practice.	<ol style="list-style-type: none"> 1. Increase/update knowledge on model of practice in use at ABC Recovery (MOHO). 2. Implement a self-management and recovery framework in ABC Recovery which works towards empowerment of the client in managing their own health issues and risks. 3. Undertake a literature search of models of practice in mental health OT practice. 4. Establish a treatment group based on behavioural activation and meaningful activity and evaluate this. 	<ul style="list-style-type: none"> • Client feedback sheet from group session indicates successful application of OT principles into processes of treatment. • Presentation to supervisor on application of model of practice (MOHO) in mental health settings. • Discuss findings in supervision and present action plan to supervisor; based on these, supervisor to sign off as competent in this area.
3. Be able to confidently use and explain sensory modulation as applied in mental health settings.	<ol style="list-style-type: none"> 1. To increase knowledge base on sensory modulation through literature review on the subject. 2. To establish a sensory group with client group aimed at developing personal resource kits. 3. To join the sensory modulation interest group in local area. 	<ul style="list-style-type: none"> • Discuss literature review in supervision. • Review outcomes for sensory group with supervisor. • Supervisor deems competent in this area of practice.
4. Facilitation of and advocacy with other agencies or health professionals for occupational justice for clients.	<ol style="list-style-type: none"> 1. Document advocacy and interprofessional communication in case notes. 2. Actively facilitate and support clients to establish links with other services/agencies/community to progress goals and gain increased agency. 	<ul style="list-style-type: none"> • Review notions of occupational justice in a supervision session and give two case examples from caseload. • Supervisor to deem competent in this area based on discussion, observing progress notes, and observation with clients.

	3. Note particular circumstances as they arise, and discuss in supervision around this theme in particular.	
5. Ability to engage in self-reflective practice in professional development over time.	<ol style="list-style-type: none"> 1. Gain feedback on progress and development needs during supervised practice experience. 2. Through self-reflections in OTC paperwork, and discussions in supervision. 3. Have an ongoing plan for professional development based upon identified interest areas and gaps in knowledge. 	<ul style="list-style-type: none"> • Discuss and share professional development plan with supervisor, using the OTC paperwork as a start but building upon this into the future. • Supervisor happy with the level and performance in self-reflective practice; discuss in a supervision session and sign off as competent.

3. OT Process and Practice: *An OT's practice acknowledges the relationship between health, wellbeing and human occupation, and their practice is client-centred for individuals, groups, communities and populations.*

- 3.1 Addresses occupational performance and participation of clients, identifying the enablers and barriers to engagement.
- 3.2 Performs appropriate information-gathering and assessment when identifying a client's status and functioning strengths, occupational performance and goals.
- 3.3 Collaborates with client and relevant others to determine the priorities and occupational therapy goals.
- 3.4 Develops a plan with the client and relevant others to meet identified occupational therapy goals.
- 3.5 Selects and implements culturally responsive and safe practice strategies to suit the occupational therapy goals and environment of the client.
- 3.6 Seeks to understand and incorporate Aboriginal and Torres Strait Islander people's experience of health, wellbeing and occupations encompassing cultural connections.
- 3.7 Reflects on practice to inform and communicate professional reasoning and decision-making.
- 3.8 Identifies and uses practice guidelines and protocols suitable to the practice setting or work environment.
- 3.9 Implements an effective and accountable process for delegation, referral and handover.
- 3.10 Reviews, evaluates and modifies plans, goals and interventions with the client and relevant others to enhance or achieve client outcome.
- 3.11 Evaluates client and service outcomes to inform future practice.
- 3.12 Uses effective collaborative, multidisciplinary and interprofessional approaches for decision-making and planning.
- 3.13 Uses appropriate assistive technology, devices and/or environmental modifications to achieve client occupational performance outcomes.
- 3.14 Contributes to quality improvement and service development.

Are the listed goals relevant to the experience and position of the applicant?

Is the occupational therapy process reflected in this section: i.e. preparation, assessment, treatment planning, treatment, evaluation? Refer OTTP if necessary. Note: This will need to be articulated even if the position is a non-traditional setting or only covers part of the OTTP.

Are OT measures and generic measures to be used outlined/ listed?

Is there evidence of direct supervision by the supervisor of both assessment and treatment processes?

Are there at least five items under "OT process and Practice" If not, are you confident there is enough content in this area, and why/how?

GOAL	ACTIONS TO ACHIEVE GOAL	MEANS TO MEASURE GOAL HAS BEEN ACHIEVED
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<p>1. To be competent using generic informal and formal assessments including mental state (MSE) assessment, risk assessment instrument, and the services Acute Care Assessment (ACA).</p>	<ol style="list-style-type: none"> 1. Acquire knowledge of assessments through workplace orientation. 2. Learn from observing experienced practitioners using assessments. 3. Identify and read relevant literature on risk assessment. 4. Liaise with MDT to observe assessments. 5. Practice undertaking assessments under direct observation from team members and supervisor. 6. Attendance at professional development program on undertaking formal MSE and risk assessments. 7. Undertake training on Connecting with People. 	<ul style="list-style-type: none"> • Formal mental state assessment, initial assessment and risk assessment presented to team and appearing in notes. • Review successful performance of assessments in supervision. • Attendance record/CPD for professional development programs.
<p>2. To be competent in using formal and informal occupational therapy assessments within ABC Recovery and in line with the OTPP.</p>	<ol style="list-style-type: none"> 1. Acquire knowledge of OT assessments used including MOHO suite and ADL assessment and sensory assessments. 2. Use of the assessments in clinical practice under direct supervision initially. 3. Discuss evidence base for OT assessments used in a supervision session. 	<ul style="list-style-type: none"> • Evaluate performance in a supervision session. • Supervisor assured of competency in use of assessment through review of reports and feedback in supervision session. • Regular confident use of assessment by therapist.
<p>3. To be competent in occupational therapy specific interventions.</p>	<ol style="list-style-type: none"> 1. Be confident in explaining how the OTPP is applied in ABC Recovery and present to OT students currently on placement. 2. Undertake occupational therapy sessions competently and in line with the OTPP. 3. Include interventions and review timeframes within client care plan and work with this for each client. 4. Read the Occupational Therapy Competencies for Mental Health (1999) to guide practice. 	<ul style="list-style-type: none"> • Evaluate intervention in supervision. • Feedback and guidance to be provided by supervisor both in and outside of formal supervision as required. • Supervisor deems competent in undertaking appropriate OT interventions at ABC Recovery.

	<ol style="list-style-type: none"> 5. Discuss progress specifically in relation to the OT Competencies in Mental Health document with supervisor in one supervision session 6. Research current evidence-based mental health occupational therapy interventions and consider how this applies at ABC Recovery. 7. Ensure supervisor observes at least three sessions of occupational therapy intervention in the first four weeks of supervised practice. 	
<p>4. To be competent in the development and review of client care plans based on individual needs and circumstances and in line with the OTPP.</p>	<ol style="list-style-type: none"> 1. Produce client care plans to a high standard, goal directed, measurable and plan to be reviewed regularly. 2. Produce client care plans for all clients on caseload. 3. To ensure consideration of cultural background and context when developing care plans by noting this in the plans. 	<ul style="list-style-type: none"> • Supervisor confident in ability to develop and review client goals and care plans in order to carry out effective care. • Supervisor deems competent in this area.
<p>5. Demonstrate ability to effectively plan for end of service in line with the OTPP, having helped clients achieve goals and increased functioning, and ensure ongoing supports and services are in place.</p>	<ol style="list-style-type: none"> 1. Review goals with each client regularly and provide evidence of this in supervision. 2. Discuss end of treatment timeframes with clients, and ensure collaborative planning of this. 3. Link clients in to appropriate community services and supports before discharge from service, and document this in case notes. 4. Ensure letters to GPs and any other relevant communication is completed. 	<ul style="list-style-type: none"> • Supervisor to track completion of these actions, in order to deem competency.
<p>6. To be competent in using the principles of evidence-based practice as applied to the occupational therapy practice process in this setting.</p>	<ol style="list-style-type: none"> 1. To be aware of the best evidence for a range of interventions offered by therapist and the service. 2. Identify with supervisor a number of interventions to research evidence on. 3. Conduct library searches on these interventions. 	<ul style="list-style-type: none"> • Schedule specific discussion in supervision. • Feedback from a successful in-service presentation. • Changes in practice discussed and noted in supervision. • Supervisor deems competent.

	<ol style="list-style-type: none"> 4. Present findings at an in-service. 5. Make any adjustments to own practice based on new evidence. 6. Attend local journal club 	
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4. Communication: *OTs practise with open, responsive and appropriate communication to maximise the occupational performance and engagement of clients and relevant others.*

- 4.1 Communicates openly, respectfully and effectively.
- 4.2 Adapts written, verbal and non-verbal communication appropriate to the client and practice context.
- 4.3 Works ethically with Aboriginal and Torres Strait Islander communities and organisations to understand and incorporate relevant cultural protocols and communication strategies, with the aim of working to support self-governance in communities.
- 4.4 Uses culturally responsive, safe and relevant communication tools and strategies.
- 4.5 Complies with legal and procedural requirements for the responsible and accurate documentation, sharing and storage of professional information and records of practice.
- 4.6 Maintains contemporaneous, accurate and complete records of practice.
- 4.7 Obtains informed consent for practice and information sharing from the client or legal guardian.
- 4.8 Maintains collaborative professional relationships with clients, health professionals and relevant others.
- 4.9 Uses effective communication skills to initiate and end relationships with clients and relevant others.
- 4.10 Seeks and responds to feedback, modifying communication and/or practice accordingly.
- 4.11 Identifies and articulates the rationale for practice to clients and relevant others.

Are specific workplace and/or specific OT documentation processes named?

Has the person considered responding to feedback from supervisor?

Is there a goal around legally appropriate, accurate and complete documentation of work undertaken, and/or storage of professional information and records of practice?

Is there a goal around appropriate and responsive relationships in the workplace?

Is there a goal around being able to effectively articulate clinical decision-making to others?

Is there a goal demonstrating time and workload management?

GOAL	ACTIONS TO ACHIEVE GOAL	MEANS TO MEASURE THAT GOAL HAS BEEN ACHIEVED
1. To be competent in all aspects of medico-legal documentation necessary for the role.	<ol style="list-style-type: none"> 1. Discuss requirements with supervisor and be clear about expectations at ABC Recovery. 2. Read any relevant documents to the setting as advised by supervisor. 	<ul style="list-style-type: none"> • Review progress in weekly supervision. • Random audit of case notes by supervisor and be deemed competent by supervisor.

	<ol style="list-style-type: none"> 3. Undertake OT report writing and seek feedback from supervisor. 4. Record interventions professionally, with accurate language use, appropriately and clearly in case notes 5. Provide examples of documentation for discussion in supervision. 6. Be clear about informed consent and practice around formal information sharing. 7. Consider personal/cultural context in regard to informed consent and information sharing with family and others. 	
<p>2. Ensure documentation and client related clinical information remains private within the appropriate context, is maintained confidentially, safely and stored appropriately.</p>	<ol style="list-style-type: none"> 1. Familiarise self with Privacy Act, and application in the workplace via orientation with team members. 2. Ensure communication with colleagues about clients remains respectful and appropriate at all times. 3. Find out about storage of notes and correct processes for disposal of confidential information, and use these processes. 	<ul style="list-style-type: none"> • Feedback gained by supervisor from team and other colleagues about performance in this area. • Based on the above, supervisor confident to deem competent in this.
<p>3. To effectively communicate collaboratively and respectfully with colleagues and other service providers.</p>	<ol style="list-style-type: none"> 1. To initiate connections with colleagues and other service providers in order to provide a collaborative approach to care. 2. To meet with team members re their roles and functions in the team. 3. To read information available at ABC Recovery about the team process and expectations in a rehab setting and be familiar with this. 4. To maintain appropriate professionalism in interactions with other staff and colleagues – language used, verbal and phone and emails etc. 	<ul style="list-style-type: none"> • Feedback gained by supervisor from team and other colleagues about performance in this area. • Supervisor deems competent.
<p>4. Communicate with clients, carers, family in a professional and client centred way.</p>	<ol style="list-style-type: none"> 1. To ensure acknowledgement of culture and background, and incorporate this into communication style. 	<ul style="list-style-type: none"> • Supervisor to directly observe that I undertake appropriate shared client-centred goal-setting in my interactions with clients.

	<ol style="list-style-type: none"> 2. Ask individual clients and their families how they wish to be addressed and if they have particular communication needs. 3. Goals and treatment planning are shared appropriately and client-centred, with the various relationships managed effectively. 4. Develop list/kit of resources available to people of non-English speaking backgrounds, migrants and people who have Aboriginal or Torres Strait Islander backgrounds. 	<ul style="list-style-type: none"> • Supervisor to deem competent after discussion of findings and observed practice.
<ol style="list-style-type: none"> 1. Manage workload independently. 	<ol style="list-style-type: none"> 1. Manage time effectively. 2. Maintain statistics and KPIs. 3. Undertake satisfactory time targets in organisation. 4. Finish work in appropriate time frames. 	<ul style="list-style-type: none"> • Supervisor to view work undertaken and will liaise with team in order to deem competent.

In General

Are the learning goals signed by both supervisor and supervisee?

Overall, do the learning goals reflect good OT practice and provide a relevant experience in order to ascertain whether the person will be competent to practise as an OT in Australia?

Signed: practitioner Date:

Signed: supervisor Date: