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|  | **DAILY RECORD OF VISIT TO THE PLACEMENT****REFLECTIVE PLACEMENT LEARNING JOURNAL TEMPLATE 2019/20** |

You will need to keep a regular, detailed record of your time on placement. This process is an important part of experiential learning and will also help with the assessment task. This template is designed to help you reflect on your experiences. Reflection should take place before, during and after your placement. It is also important to return to your reflections after a period of time.

You should decide with your University Placement Tutor (UPT) how you will record your reflections. One way you may wish to do this is by setting up an Edublog. The Marjon eLearning Team have produced comprehensive guidance on how to set up and determine who sees your Edublog accessible via: <http://sites.marjon.ac.uk/elearninghelp/category/help-for-students/edublogs-help-for-students/>.

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| C:\Users\pelford\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H3HK9HRP\exclamation[1].jpg | **Please remember confidentiality must be maintained at all times when reflecting on your placement experiences.** |

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| Date: | 19.02.2020 |
| Group or individual with whom I worked: | Mick Smirthwaite |

**BEFORE my placement …**

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| What am I aiming to achieve from my placement today? What do I need to be mindful of? What issues/questions need to be addressed to ensure I achieve my aim? Do I need to be aware of particular theories, or have particular skills? Have I thought about all of the ‘what ifs’? |
| My main aim for today’s placement is to help Mick with his clients, ensuring that they are comfortable. To observe the treatments that Mick applies and understand the reason for the application. And, finally to enjoy my final placement visit to Mick’s clinic. |

**DURING my placement …**

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| What did I notice happening around me today? What was I thinking and feeling? How was I involved? Did I do anything to intervene and change the situation that I found myself in e.g. how I conveyed a particular point or whether I decided not to do something I had planned to do? Did my reflections at the time change the session I had planned or my actions? |
| My role will be observational, with the occasional invitation to palpate soft tissue. I will also be assisting Mick by ensuring that his clients are comfortable e.g. providing bolsters where needed for support, and meeting and greeting. Even though I have seen some of the clients before, Mick always asks each client if they are happy for me to be present in the room during their consultation/treatment. None of his clients have ever said no or seemed uncomfortable with my presence. I always feel very grateful to them for allowing me to be present during their treatment. |

**AFTER my placement … (based on the Gibbs (1988) Reflective Cycle)**

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| Describe the activities you undertook whilst on placement today. Set the context, what you did and what happened. |
| During this afternoon’s placement I listened to each client’s description of the MSK dysfunction that they have been experiencing and I observed each treatment applied. I asked questions when I did not understand why Mick chose to apply a specific soft tissue technique or to confirm that my understanding was correct.**Client 1** – I have seen this client before. She has been recovering from an injury of the teres minor and subscapularis which is now in the chronic phase. She also strained the teres major. The client reported that there is an improvement in ROM every week, however she still has difficulty in placing her arm behind her lower back (internal rotation). Mick worked on the right side first. He placed the client’s right arm on the bed. I stood at the right-hand side of the bed to support the client’s arm as she is always worried about the arm falling off of the bed. Mick applied STM to the Rhomboids and NMT to trigger points near the medial border of the scapula and the attachment of the Trapezius to the shoulder blade and into the base of the skull. He also massaged the teres minor and mobilised the scapula.The client turned over on the bed into the supine position. A cushion was placed under her head and under the back of her knees for support. Mick applied STR to the subscapularis which is quite uncomfortable for the client and he also mobilised the GHJ. The client found it difficult to relax. The bodies’ defence mechanism came in to play in the form of guarding the injury. **Client 2** – This client was a competitive steeple chaser. During the subjective assessment the client reported that he currently has tension behind the back of the right knee – at the muscular tendon joint of the biceps femoris. He also had a pain in the medial arch of his right foot. He also reported tenderness and tightness in the right hip. He had slipped in work recently and fell on his right side.Palpation revealed a tight gluteus medius, gluteus maximus and biceps femoris on the right-hand side. Mick applied mobilisations to the hip and the lumbar vertebrae. STR and deep tissue massage was applied to the gluteus maximus. Mick used acupuncture to ease tension and trigger points in the belly of the biceps femoris. After clearing the trigger points he applied deep tissue massage to the hamstrings and STR. He also massaged the calf muscle.The client turned into the supine position on the couch and I placed a bolster under his head and knees for support. Mick massaged the medial arch of the right foot. He also applied a straight leg raise with overpressure to stretch, and also an external rotation stretch with over pressure to improve range and flexibility in the hip. The client was advised to continue with the programme of flexibility exercises that he recommended the previous week and to use a ball for myofascial release for the hamstring muscles in the right leg.**Client 3** – This client is a young competitive weightlifter and physiotherapist. During the subjective assessment the client gave me a summary of her past medical history. She had a labral tear in her right shoulder and a history of 5 dislocations. She had surgery and has had 10 months of recovery. Today she wanted Mick to look at the lateral side of her left hip. She had a very heavy weightlifting session the previous Friday. She experienced burning pain around the left hip, ITB and hip flexor area the following day. Since then the tension has moved to the back of the hip and towards the sacroiliac area. She tried self-treating with dry needling but the treatment is not as effective as it would be when treated by another therapist. She also jarred her right shoulder and was unable to externally rotate it. Upon observation of the client in prone position on the couch, it was noted that the right shoulder was elevated. Upon palpation the muscles around the left hip were tight and the glute muscles appeared more raised. During external rotation of the hip the client reported that she felt discomfort around the front of the hip and into the adductors. Mick believed that the MSK dysfunction was due to a tight TFL and gluteus medius. He applied acupuncture with the electro-acupuncture machine attached to the needles inserted around the TFL and gluteus medius to ease tension and trigger points. Mick also applied deep tissue massage to the right hip – gluteus medius, TFL and quadratus lumborum. He worked on the right and left shoulders applying STM to the upper fibres of the trapezius and rhomboids and NMT to ease out trigger points. He also mobilised the scapula and performed a deep stretch of the shoulder on the right side.Mick worked on the rectus femoris and adductor longus on the right leg applying STR and NMT. The adductor longus was sorer on the left leg and STR, NMT and stretches were applied to ease tension and tenderness. Mick also carried out a deep stretch and mobilised the left hip.**Client 4** – This client was involved in a bad traffic accident with his wife, last October 2019). He sustained injury to his upper back and neck. He went back to work three months ago. He recently went back to training for boxing. He had active trigger points in the upper fibres of the Trapezius and the scalenes on the right side of his body. NMT was applied to ease the trigger points. Deep tissue massage was applied to the rhomboids and the trapezius into the medial border of the scapula. In supine position STR was applied to the right pectoralis major muscle on the right side to ease tension – this was causing protraction of the shoulder. **Client 5** – This client was a female who was 33 weeks pregnant. She is very active and still participates in exercises classes. She reported that she was feeling more tired this week. She has been sleeping on her left side at night because it is difficult to sleep on her back. The change in sleeping position has aggravated the quadriceps in the left thigh and caused tension in the TFL. Care was taken to ensure that the client could sit on the couch easily (height of bed adjusted. A pillow was provided for the client’s head and she laid on her side, on the couch. STM was applied to the rectus femoris, vastus lateralis and the TFL on the upper left leg. STM massage was also applied to the rectus femoris, vastus lateralis and TFL on the right side. When the massage was completed the client was helped into a seated position before she stood up. I stood close by when she got off of the bed in the event that she needed support. |
| Document how you felt through-out your placement today. Were you anxious, confident, pleased or disappointed? |
| I enjoyed meeting, talking to and making the clients comfortable. I was a little sad because this was my last visit to Mick’s clinic. I have really enjoyed the experience. It has offered me the opportunity to observe treatment of real injuries and MSK dysfunction. I have also learned a lot from observing Mick treating his clients especially how he positions himself when massaging clients, and his hand placement when applying STM techniques. It has also given me an insight into what is involved in managing a private practice and what I would expect on a day to day basis. The most positive aspect of private practice is the satisfaction that therapists get when they have helped their clients recover from injuries, managed specific conditions and improved ROM by easing muscle tension. I know that I would enjoy private practice. |
| Evaluate today’s placement activity. What went well, what went badly, what would you have done differently?  |
| Today’s placement activity was a positive experience. All of my visits have been positive experiences. Nothing went badly, but Mick does not cultivate an environment where you feel incompetent or defensive if you couldn’t answer a question, or remember a special test or a specific muscle, bone or ligament in the body. He encourages and supports you. I also believe that the experience has challenged and stimulated him as well. It has made him think more about what he is doing especially when I ask him questions. I did mention to him a few weeks ago (Week 10 – 11) about collecting data – evidence of the effect that his treatments are having on the clients with specific conditions such as Scoliosis and Parkinson’s disease with a view to writing a research paper. He has openly admitted that he prefers the practical aspect of sports therapy and not the academic research.  |
| Take a deeper, analytical and critical approach to today’s experiences. Can you make connections or apply academic theory or current policy to understand why today’s activities went well or went badly.  |
| As the weeks have passed by I have become more comfortable in this learning environment. I believe that is because I have revised my anatomy, increased my understanding of tissue healing and why certain treatments are applied during the different phases of tissue healing. I also believe that the more often you see different conditions and the treatments that are used to manage them, you remember and it builds upon your previous experience like building blocks. You just keep adding to those building blocks extending your experiential learning further. |
| Draw conclusions. What have you learnt from today’s activities and your reflections? |
| I have gained an insight into the reality of running a private sports therapy practice. The experience has shown me how much I enjoy helping people and how satisfying it would be when you see the positive effect of the treatment you have applied, on your clients. I do believe that this is the direction that I want to go in developing my future career. I also want to gain experience of helping individuals with specific conditions and aim to spend some time on placements for clinics for back conditions and prostate cancer. I am also spending some time with the pain management clinic to gain an understanding about the physical and psychological effect that pain has on individuals and how it can be managed. |
| Action plan. How will you apply what you have learnt from today’s activities to the rest of your placement and your future professional and personal development? Do you need to undertake further research or reading? Are there courses that you need to undertake to fill a skills gap? |
| I am interested in looking at future training in dry needling or acupuncture but these courses are expensive. In the meantime I have organised short placements in the back clinic and the prostate cancer clinic at Marjon Sports Therapy and Rehab Clinic during the summer. This is with a view to gaining experience in helping clients with different medical conditions. |
| Have any questions arisen today that I need to discuss with my Placement Supervisor or University Placement Tutor (UPT)? |
| Today’s placement was very busy with five clients in one afternoon. During the time that we did have to talk I thanked Mick for the opportunity to practice with him. I told him how much I have enjoyed observing his practice and it has been a valuable, positive learning experience. It is clear to me how much Mick enjoys his work. I hope to develop my skills and increase my experience so that I will be able to develop my own private practice when I graduate. |

**RETURNING to my reflections …**

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| It is often useful to return to your reflections after a period of time. Revisit the experiences you had; think about how you felt (positive and negative feelings) and re-evaluate your experiences. Do you feel differently about the experience now time has passed have your feelings changed in light of the experience or do you now view the experience in a different light?Am I able to complete any actions in my Personal & Professional Development Plan?Are there any actions I need to add to my Personal & Professional Development Plan? |
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**SAKE - Skills, Attributes/Attitudes, Knowledge and Experience**

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| Want to secure a graduate level job when you finish your degree? Employers agree that placements are a great way to develop the vital skills, attributes/attitudes, knowledge and experience (SAKE) they are seeking. As a result of your experience can you include any of the following on your CV, an application form or discuss at interview?

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| * Imagination/creativity
 | * Adaptability/flexibility
 | * Willingness to learn
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| * Working autonomously
 | * Working in a team
 | * Planning/self-management
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| * Working under pressure
 | * Oral/written communication
 | * Numeracy
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| * Attention to detail
 | * Time management
 | * Coordination/organisation
 |
| * Sector/business awareness
 | * Ethical/sustainable practice
 | * Problem solving/initiative
 |
| * Self-awareness
 | * Technical ability
 | * Resilience
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|  | Use the **STAR technique** to demonstrate your competencies on your CV, in a job application or at interview. |
| **S**ituation  | Describe the situation with which you were confronted, set the context. |
| **T**ask/**T**arget | Explain the task or target you were set (be concise!). |
| **A**ction | This is the most important part and demonstrates **your** competencies:* Explain what **you** did, **your** role and what part **you** played;
* Explain how and why **you** did what you did.
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| **R**esult  | Explain what happened, the outcome. Ideally quantify the positive impact you made. You can also demonstrate your reflection skills by reviewing your decisions and making suggestions about how you would do an even better job in the future. |

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**Reference:**

Gibbs, G. (1988) *Learning by doing. A guide to teaching and learning methods*. Oxford Brookes University: FEU.