

British Association of Hand Therapists (BAHT)

LEVEL II

Accreditation of Prior Learning (APL) Guidelines



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This document replaces all previous versions.

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SECTION 1

Introduction & Rationale

This Accreditation of Prior Learning (APL) route to gain BAHT points will be mainly used by experienced Hand Therapists. This route is for Occupational Therapists (OT) and Physiotherapists (PT) with five or more years of practice, within the specialty of Hand Therapy, who already have completed evidenced based work and prior learning within the field of hand therapy. This route allows them to submit clinical case studies within their portfolio to be assessed at Level II rather than attend BAHT level II validated courses. BAHT level II points can then be utilised to pursue the goal of achieving the British Association Hand Therapy Accredited Hand Therapist (AHT) award.

The work submitted via the APL route must be relevant to the Post-qualification Hand Therapy Education Programme of the British Association of Hand Therapists (BAHT) and follow the guidelines within this APL document. Therapists with less than five years' experience in Hand Therapy are advised to pursue the majority of their BAHT credit points via attendance at validated BAHT courses at Levels I and II, and to gain their Level III points using the Level III guidelines.

British Association of Hand Therapists (BAHT)

Accredited Hand Therapist (AHT) Route

To achieve the award, of Accredited Hand Therapist (AHT) clinicians need to have obtained 12 BAHT points. There are a range of different routes at BAHT Level I, Level II & Level III which clinicians can undertake to achieve the 12 BAHT points required for AHT – see table 1 below.

Please also refer to the British Association of Hand Therapists (BAHT) website, education section.

Any queries regarding the BAHT level II APL process please email:

baht.apl@gmail.com

SECTION 2

Post-qualification Hand Therapy Education Programme

LEVEL I

The Level I Course is designed for therapists with minimal or no experience of hand injuries & conditions & for therapists who wish to refresh their basic knowledge of, & skills in, the field of hand therapy. It will promote recognition for professional competence & will improve the quality of patient care (BAHT Guidelines Level I Course). For therapists with more than 2 years' experience of hand therapy practice please refer to the Level I APL process (see BAHT level I guidelines).

One Point is awarded for successful completion of the Level I process.

LEVEL II

The Level II Course/Process is designed for therapists with proven experience in the field of hand therapy who have successfully completed an accredited Level I Course or APL route (therapists who have at least 2 years' experience in hand therapy). Level II courses promote recognition for professional knowledge in a specialist aspect of hand therapy; improve the quality of hand care; & foster evaluation & research in hand therapy (BAHT Guidelines Level II Course). BAHT strive to support therapists who wish to increase their experience & knowledge in specialist areas of hand therapy & there are a range of other routes, other than attending a BAHT Level II course, for the acquisition of BAHT Level II points. Routes for BAHT Level II points include: submission of evidence of prior learning (APL), educators points, non-accredited MSc Modules. For the full range of routes available to gain BAHT Level II points please refer to the BAHT website education section &/or table 1 below.

Two points are awarded per BAHT Level II course & for a range of other BAHT Level II Routes on successful completion (see table 1).

6 Level II points are required at BAHT Level II.

Each two points must be gained in a different specialist area of hand therapy.

LEVEL III

This level offers members of BAHT a challenging opportunity to demonstrate their advanced knowledge of hand therapy. Five BAHT points are awarded for successful completion of Level III. Level III points can be gained in a number of ways, see table 1 or refer to the BAHT Education Process on the BAHT website.

Five Points are awarded for successful completion of the Level III process.

The structure for education & training is set out in Table 1.

For ALL BAHT courses & routes see guidelines on the BAHT website - [The BAHT Education Process \(Route to AHT\)](#)

For ALL BAHT Level II Routes (other than BAHT Level II Courses) queries please email baht.apl@gmail.com

TABLE 1: Progression of Post-qualification Education in Hand Therapy (BAHT)

For all Level I, II & III options in below table please refer to the specific guidelines for more detail on criteria & application process

Target Population	Content	Assessment Process	Outcome	Sum of points
Level I				
OT/PT therapist ** see below	Introductory course APL Route	BAHT exam (short answer/MCQs) 2 years plus experience full time hand therapy	Certificate Value = 1 point Eligibility-Level II	1
Level II				
OP/PT Therapist Eligibility via Level I Or Indicative experience via APL process ** see below	Specialist BAHT course (17 hours contact teaching) APL (prior learning less than 3 years since completion) MSc Module (non-accredited) – completed less than 2 years prior to application Educational points route Associate PI Scheme	Two forms of assessment during/after the course, e.g., examination & written assignment Written work assessed by 2 independent reviewers Via University assessment process & application to BAHT ESC for recognition of a non-accredited module Evidence of teaching / education of others Evidence of completion	Certificate Value = 2 points per Level II course / APL topic / Level II Route Maximum 6 points. Eligibility-Level III	7
Level III				
OT/PT specialist Eligibility via Level II Or Indicative experience via APL process ** see below	In-depth BAHT project MSc Modules (accredited & non-accredited) – completed less than 2 years prior to application Hand Therapy Journal article APL (prior learning less than 3 years since completion)	Written paper assessed by 2 independent reviewers Via University assessment process only for accredited modules <i>or</i> additional application to BAHT ESC for recognition of a non-accredited module Proof of publication & ownership statement Written work assessed by 2 independent reviewers	Certificate Value = 5 points	12

**** Note:** therapy students, therapy assistants, nurses & other AHP clinicians may attend BAHT courses at the discretion of the course provider

Claim for APL credit points at BAHT Level II

If a candidate wishes to submit evidence of prior learning (APL) to achieve two BAHT level II points information & evidence must meet the requirements of the APL level II process (*BAHT Guidelines Level II APL contained within this document*).

A maximum of **SIX** Points can be claimed at Level II. TWO Points at Level II can be claimed for each specialist Hand Therapy field submitted.

To obtain 2 points at APL Level II you need to submit a Portfolio of Evidence (PoE) which includes:-

- A short CV
- One long case study.
- One short case study.

Therefore, to claim all 6 points via the APL route three different aspects of hand therapy must be completed within the 6 case studies. However, it is advised that you should not submit for all 6 points concurrently.

Examples of different aspects of Hand Therapy clinical practice which can be covered include:

- Rheumatoid arthritis of the upper limb
- OA of the hand
- Tendon conditions/repairs of the hand
- Peripheral nerve conditions of the upper limb
- Burns of the upper limb
- Dupuytren's contracture
- Elective surgery for hand/upper limb
- Orthoses for the hand/upper limb
- Acquired conditions of the hand
- Other to be identified by the applicant

The structure for education & training is set out in Table 1.

When candidates have achieved 12 points they can apply to the BAHT Education Sub-committee (ESC) for AHT (see *Becoming an Accredited Hand Therapist* on the BAHT website)

[For BAHT level II options see the BAHT Education Process on the BAHT website](#)

For ALL BAHT Level II Routes (other than BAHT Level II Courses) queries please email baht.apl@gmail.com

Fee Structure when applying for each two points at Level II APL

Registration fee (for admin costs)	£ 30
For each 2 points (for assessors' costs)	£170
TOTAL	£200

Note:

- If you apply to complete more than 2 BAHT Level II APL points at the same time only one registration fee is required.

Total for 2 point submission	£200
Total for 4 point simultaneous submission	£370
Total for 6 point simultaneous submission	£540

- Fees must be paid electronically by BACS transfer or over the phone by phoning the BAHT secretary. Details will be provided at time of application by **Eve Dunn** (Clerical and Admin Assistance, BAHT)

WORKING HOURS:

Monday to Thursday 1.00-5.30pm

Friday 12.00-2.00pm.

Tel: [01394 610131](tel:01394610131)

Email: bahthandtherapy@gmail.com

BANK DETAILS: British Association of Hand Therapists			
Account Number:	00050628	Sort Code:	30-16-74

Cheques can no longer be accepted by BAHT

SECTION 3

The BAHT APL Process for achieving Level II BAHT Points

The following table should enable the applicant to follow the BAHT Level II APL process.

No	Action / Process
1	BAHT level II APL Applicant enquires to BAHT Level II Coordinator re: the APL route using E mail address baht.apl@gmail.com
2	Applicant completes short CV and suggestions of case studies that will be submitted for the BAHT level II APL and emails these to BAHT level II APL coordinator after paying £30 application fee to BAHT secretary or via BACS transfer (see payment details above).
3	Following the approval of the BAHT education subcommittee (ESC) the BAHT level II APL coordinator will contact applicant with submission due date and name of supervisor who will support applicant throughout the process.
4	Applicant prepares the case studies in a Portfolio of Evidence (PoE) – see guidance below. The supervisor is available for assistance throughout however the supervisor can only give written feedback once on each part of written work.
6	Applicant must submit BAHT level II APL within 12 months of registration unless an extension has been negotiated with the ESC via the BAHT level II co-ordinator.
7	The PoE is submitted via email to the: <ul style="list-style-type: none"> • BAHT level II APL Coordinator baht.apl@gmail.com & the BAHT secretary bahthandtherapy@gmail.com. • The documents attached must be in PDF form and clearly titled.
8	A copy of the PoE is sent to each of the BAHT Independent Assessors who will evaluate the PoE using the marking criteria for Level II APL found within this document.
9	The BAHT Independent Assessors will be required to return the evaluated work within 6 weeks.
10	If there is disparity between the BAHT Independent Assessors the PoE will be submitted to an External Verifier who has the final decision.
11	The External Verifier submits their independent evaluation to the BAHT ESC and a decision is made as to the number of BAHT points to be awarded.
12	The applicant is notified of the results by the BAHT Level II APL Coordinator. This will be either PASS or REFER. The candidate receives feedback (front sheet of the marking criteria).
15	Those candidates who receive an REFER may resubmit the PoE taking into account feedback received from the BAHT assessors within 6 weeks of receiving the feedback
16	The applicant should submit the amended PoE as instructed above for the first submission The amended PoE will be evaluated by the same assessors and awarded PASS or FAIL.
17	An applicant whose PoE fails at this stage and wishes to continue through the APL route will have to return to the start of the process

3.1 Responsibility of candidate within APL process

The candidate:

- Has the responsibility for supporting their claim with appropriate evidence. It is imperative that **reflection** on all learning experiences is visible and clearly demonstrated throughout the Portfolio of Evidence (PoE) as this will be an important element of the assessment.
- Is responsible for contacting the supervisor allocated to them for support.
- Must submit the PoE within the agreed timescale or agree an extension in a timely fashion.
- Must follow the guidelines within this document and review the marking criteria to ensure that all aspects are covered within their PoE.
- Must ensure that all payments are made to BAHT (see fees above).
- A copy is kept by the candidate

3.2 Responsibility of the supervisor within the APL process

The supervisor must:

1. Answer queries on the APL process or refer back to the BAHT level II APL coordinator as necessary.
2. Discuss possible information to be included in short CV.
3. Check draft copy of CV and case studies to be submitted noting errors and omissions. The advisor is not expected to read and review further versions.
4. Keep a copy of corrected text and to document issues discussed in case this is required by the BAHT level II APL Coordinator at a later date.
5. Note: the ultimate decision on the final text lies with the candidate; the supervisor is not held responsible for the submitted PoE. There is peer support available for advisors through the BAHT level II APL Coordinator if they feel it is necessary.

3.3 Responsibility of the assessor within the APL process

The assessor must:

1. Objectively assess PoE claims or other relevant evidence using the assessment criteria provided.
2. Evaluate the PoE within the agreed timescale or to contact the BAHT level II APL Coordinator if this is not possible.
3. Provide written constructive feedback to the candidate on the front sheet of the marking criteria which will be passed to them anonymously by the BAHT level II APL Coordinator regardless of outcome.
4. Be available to reassess the PoE in the event of a Refer.

The assessors may communicate during the evaluation process if this is deemed useful.

The role of an assessor cannot be undertaken by their allocated supervisor.

3.4 Responsibility of the External Verifier within the APL process

An External Verifier will only be appointed in the event of disparity between assessors which cannot be resolved.

An external verifier will:

1. Independently review the PoE without knowledge of the assessors' comments.
2. Provide a detailed written report to BAHT Level II APL Co-ordinator. The External Verifier's decision is final.
3. The External Verifier will not be a member of the current BAHT ESC but will be appointed by this committee.

SECTION 4

Portfolio of Evidence (PoE)

The purpose of the Portfolio of Evidence (PoE) is to provide evidence of the applicant's learning and **reflections** of this learning in relation to hand therapy.

The evidence must be :-

- In typed format except for hand-written testimonials, some feedback forms. ALL other evidence should be word processed with a minimum of 12 point text
- Professionally presented and include clear headings and sections
- Submitted electronically in PDF format with the evidence scanned.
- Organised in two sections:
 1. Short Curriculum Vitae (CV)
 2. Case study evidence
 - Long case study
 - short case study

A. Short Curriculum Vitae (CV)

While the structure of a CV is flexible, bending to your unique skill set and experiences, there are particular sections that should be included for the BAHT level II APL application. For guidance on the short CV see recommendations below and also refer to the marking criteria at the end of this document which summarises the evidence required.

- Name, professional title and contact details (general demographics)
- Personal profile
 - A personal profile, also known as a personal statement, career objective and professional profile, is an important aspect of your CV. It's a short piece giving an overview of who you are, your professional values and ambitions.
- Experience and employment history
 - Your employment history section gives you a chance to outline your previous jobs and experience.
 - List your experience in reverse chronological order
 - When listing each position of employment, state your job title, the employer, the dates you worked and summarise the role with key responsibilities, skills and achievements.
- Education, qualifications & courses
 - As per the experience section, your education should be listed in reverse chronological order. Include the name of the institutions and the dates you were there, followed by the qualifications and grades you achieved. Include recent and pertinent courses with evidence of attendance.
- Additional sections
 - There is a range of additional information that may strengthen your CV and highlight your skills such as key publications, hobbies etc.

B. Case Study Evidence

As previously stated ONE long case study and ONE short case study are required for each 2 BAHT level II APL points being claimed. Within each specialist field a different aspect should be presented e.g. if treating tendon injuries the long case study may be a flexor tendon and the short case study an extensor tendon injury.

The case study evidence required in the portfolio to support this claim is expected to demonstrate the applicant's:-

- Knowledge of the pathology and medical management of the hand and its functional application;
- Ability to describe the mechanics of deformity and their implications in the upper limb;
- Ability to discuss the common methods available to the therapist in the assessment and treatment of the hand;
- Ability to discuss the chosen intervention including evidence/rationale;
- Ability to describe relevant surgical options and their therapeutic implications if appropriate;
- Ability to discuss the complications that may result from surgery and the management of these complications if appropriate;
- Ability to use and apply critical reflection and evaluation of treatment and outcomes;
- Ability to respond to the needs of the individual patient as well as to the condition;
- Ability to utilise flexible and creative problem-solving skills;
- Ability to illustrate the financial implications of providing this service.

C. Presentation of Case studies

Rather than being purely descriptive, the case studies **must show reflective analysis** of intervention and results, **plus** linkage with pertinent referenced literature.

They must conform to the length, general content and structure/detailed content indicated below. It is expected that the long case study will demonstrate the candidate's ability to draw on referenced evidence and critically review their practice.

- **Long case study:** **2,000 to 2,500 words**
- **Short case study:** **1,000 to 1,500 words**

The word count must not exceed the prescribed length by more than 10%.

If this limit is exceeded the work will only be assessed up to the 10% excess.

The case studies should:-

- Be professionally presented
- Provide a cover page stating:
 - Name of the applicant
 - Purpose of the case study e.g. "Evidence in partial support of a claim for BAHT Level II APL credit points"
 - Word count – this should not include reference list, appendices or tables/figures.
 - State respective dates of compilation and submission.

They should contain:-

- Numbered pages
- Contents list
- Reference list - references must conform to the Vancouver system as per BAHT journal.
- Appendix

- Notes and/or lists may be used to summarise information where appropriate, but care must be taken to avoid ambiguity. All passages of continuous prose must be presented in normal sentences.

The organisation of the case studies should follow the headings given below:

- Demographic outline and Referral (route & reasons)
 - Relevant personal, family, social, medical and drug history.
 - Diagnosis of primary condition.
 - Assessment methods and results (including evaluation of tools used).
 - Priorities for considering problems identified, with justification.
 - Goals, therapeutic aims and objectives related to each problem.
 - Selection, analysis and application of activities within client's programme.
 - The interdisciplinary liaison(s) and collaboration(s) recommended.
 - Re-assessment/progress report(s) with reflection.
 - Grading and modification of activities in response to progress and reflections/evaluations.
 - A summary, which should include evaluation of intervention and activities, reflecting the total context of the case and the future needs of the client.

The case study should cover the following, as applicable:

- Deformity due to the condition and/or secondary problems
- Medical interventions/management used
- Surgical interventions/management used
- Complications and their management
- Familiarity with the critical, methodological and theoretical literature associated with the case study
- Ability to reflect in a mature fashion upon the outcome/conclusions of the case study and to be self-critical in assessing the contribution it makes to learning

The marking criteria can be seen below which will be used by the assessors. The candidate should assess their own Portfolio of Evidence (PoE) against this criterion to make sure they have included all the relevant aspects before submission.

Achieving a pass for the Portfolio of Evidence (PoE)

The next table of this document illustrates the detailed marking criteria used by the assessors.

In line with the Level II course marking criteria the candidate must achieve a pass mark of at least 60% in regards to the sections marked as essential (E). If the candidate has a borderline pass/refer the information provided in the desirable section will assist in the decision.

It is advised that the candidate assesses their portfolio of evidence themselves before submission to make sure that they haven't missed any important information or sections.

MARKING CRITERIA FOR PORTFOLIO OF EVIDENCE (PoE)

Criteria for marking Portfolio of Evidence – Level II

Name of applicant:				
		PASS	REFER / FAIL	COMMENTS
Presentation of portfolio	E	A well-presented piece of work which follows the required format; is carefully and logically organised into sections as requested. Grammar and spelling are accurate.	Presentation does not follow the required format; is disorganised with inconsistent use of headings or sections. Language not always clear; grammar and spelling poor.	
A. Short CV				
1. Professional Experience	E	Years of experience in each post stated.	Inconsistent statements regarding years in post.	
	E	Previous appointments, location of work with responsibilities identified with clear reflections.	Previous appointments, location of work listed. Limited description of work responsibilities with little evidence of reflection.	
	E	Clear description of present post including clinical, educational and managerial responsibilities and roles.	Description of present post including clinical, educational and managerial responsibilities and roles is unclear or incomplete.	

Accreditation of Prior Learning

Name of applicant:				
		PASS	REFER/FAIL	COMMENTS
2 Courses/ Qualifications pertinent to Hand Therapy	E	Professional qualification/s with date/s and place/s included. Evidence included in the appendix.	Incomplete detail of Professional qualification/s with inconsistency of date/s and place/s. Inadequate evidence in the appendix.	
	E	Short courses, with subject/field and date(s) attended within the last 10 years logically listed. BAHT validated courses are listed, with level, if applicable.	Short courses, with subject/field and date(s) attended are not logically listed and/or go beyond the last 10 years. BAHT courses are listed but where applicable the Level not identified.	
	E	Certificates, programmes etc. are included in the appendix to the CV section.	Certificates, programmes etc. are absent from the appendix to the CV section.	
Appendices for sections 1 & 2	E	Logically presented with clear enumeration and headings/title. Supporting documents are easily located in the appendix. Appendices to support the extended CV are clearly numbered and logically presented.	Disorganised presentation & items not easily found in relation to main document. Not all appendices have heading/title. Limited use of appendices to support CV. Appendices not numbered or logically presented.	
Number of passes for sections A: E /7 (5/7 = 60%)				
Name of Assessor:				

Long Case Study - marking criteria				
Name of applicant:				
Case Study – LONG		PASS	REFER/FAIL	COMMENTS
Presentation	E	Carefully and logically organised with numbered pages preceded by a list of contents. All passages of continuous prose are presented in a fluent style. Tables and/or figures are clearly labelled and included in the contents page.	The case study is poorly presented with little or no attention to detail e.g. absent or inconsistent numbering. In sections of prose, at times, the meaning is unclear. Tables and/or figures are not systematically labelled and not included in the contents page.	
	E	There is a cover page stating:- name of the applicant & purpose of the case study i.e. "Evidence in partial support of a claim for BAHT APL credit points at Level II." Respective dates of compilation & submission are stated.	Cover page is absent or is incomplete in required details, and/or the purpose of the case study is not clearly written. Respective dates of compilation & submission are not stated.	
Word count (2,000 – 2,500 words)	E	Word count is stated, and the work is within the word limit.	Word count is not stated or is deemed to be inaccurate. Exceeds the word limit by more than 10%.	
Referencing	E	Referencing is consistently accurate and follows the Vancouver System of referencing.	Referencing is inconsistently and/or inaccurately applied and/or does not follow the Vancouver System of referencing.	

Accreditation of Prior Learning

Name of applicant:-				
Case Study – LONG		PASS	REFER/FAIL	COMMENTS
Organisation	E	Clearly & logically written: <ul style="list-style-type: none"> • Demographic outline and Referral (route & reasons). • Relevant personal, family, social, medical and drug history. • Diagnosis of primary condition. 	Scant information given which does not give an overview of the client. OR Too much detail is given which is not relevant to the main reason for referral. Diagnosis is not clearly presented.	
	E	Assessment methods and results (including evaluation of tools used) are appropriate for the case and clearly documented. Clear rationale & justification for methods.	Assessment methods and results (including evaluation of tools used) are inappropriate for the case and/or not clearly documented. No rationale or justification for methods used.	
	E	Priorities for considering problems identified, with justification. Goals, therapeutic aims and objectives related to each problem clearly stated and justified. Selection, analysis and application of activities within client's programme. The interdisciplinary liaison(s) and collaboration(s) recommended. The above are clearly written with demonstration of clinical reasoning through the possible choices.	Lack of critical thought/analysis in relation to the client, the diagnosis and findings from the assessment/s which leads to inappropriate priorities, goals, activities. No evidence of liaison with other disciplines relevant to the client or case. Little or no evidence of clinical reasoning in the elements in this section.	
	E	Re-assessment/ progress report(s) with reflection are documented at the appropriate stage of treatment. Grading and modification of activities in response to progress and reflections / evaluations.	Re-assessment/progress reports are absent or scantily presented. Activities are modified at different stages, but the rationale is not apparent. There is little or no evidence of reflection in this section.	
	E	A summary, which includes evaluation of intervention and activities, reflecting the total context of the case and the future needs of the client.	The summary is brief and lacks evaluation of the therapeutic intervention. The future plan is absent or does not address the client's needs and roles.	

Name of applicant:-				
Case Study – LONG		PASS	REFER/FAIL	COMMENTS
	E	The case study covers the following, as applicable to the case:- <ul style="list-style-type: none"> • Deformity due to the condition and/or secondary problems. • Medical interventions/management used. • Surgical interventions/management used. • Complications and their management. 	The case study fails to cover the relevant aspects for the case. AND/OR The aspects identified are inaccurate or to a superficial level.	
Clinical aspects assessed under the following 10 points.	E	Knowledge of the pathology and medical management of the hand & its functional application.	Little or no evidence of knowledge re: 1.	
	E	Ability to describe the mechanics of deformity and their implications in the upper limb.	Little or no evidence of ability re: 2	
	E	Ability to discuss the common methods available to the therapist in the assessment and treatment of the hand.	Little or no evidence of ability re:3	
	E	Ability to discuss the chosen intervention including evidence/ rationale.	Little or no evidence of ability re:4	
	E	Ability to describe relevant surgical options and their therapeutic implications if appropriate.	Little or no evidence of ability re:5	

Name of applicant:				
Case Study – LONG		PASS	REFER/FAIL	COMMENTS
	E	Ability to discuss the complications that may result from surgery and the management of these complications if appropriate.	Little or no evidence of ability re:6	
	E	Ability to use and apply critical reflection and evaluation of treatment and outcomes.	Little or no evidence of ability re:7	
	E	Ability to respond to the needs of the individual patient as well as to the condition.	Little or no evidence of ability re:8	
	E	Ability to utilise flexible and creative problem-solving skills.	Little or no evidence of ability re:9	
	E	Ability to illustrate the financial implications of providing this service.	Little or no evidence of ability re:10	
Appendix <i>To be assessed only if included and appropriate. However, it is expected that there will be appendices for the long case study.</i>	E	Appendices are clearly numbered and logically presented to support the case study.	Limited use of appendices to support the case study/over-reliance on appendices to include essential information which was integral to the main text. i.e. to fulfil the word limit. Appendices are not numbered or logically presented.	

Short Case Study – marking criteria				
Name of applicant:				
Case Study – SHORT		PASS	REFER / FAIL	COMMENTS
Presentation	E	Carefully and logically organised with numbered pages preceded by a list of contents. All passages of continuous prose are presented in a fluent style. Tables and/or figures are clearly labelled and included in the contents page.	The case study is poorly presented with little or no attention to detail e.g. absent or inconsistent numbering. In sections of prose, at times, the meaning is unclear. Tables and/or figures are not systematically labelled and not included in the contents page.	
	E	There is a cover page stating name of the applicant & purpose of the case study i.e. “Evidence in partial support of a claim for BAHT APL credit points at Level II.” Respective dates of compilation & submission are stated.	Cover page is absent or incomplete in required details, and/or the purpose of the case study is not clearly written. Respective dates of compilation & submission are not stated.	
Word count (1,000 – 1,500 words)	E	Word count is stated, and the work is within the word limit	Word count is not stated or is deemed to be inaccurate. Exceeds the word limit by more than 10%.	
Referencing	E	Referencing is consistently accurate and follows the Vancouver System of referencing.	Referencing is inconsistently and/or inaccurately applied and/or does not follow the Vancouver System of referencing.	

Accreditation of Prior Learning

Name of applicant:				
Case Study – SHORT		PASS	REFER/FAIL	COMMENTS
Organisation	E	<p>Clearly & logically written:</p> <ul style="list-style-type: none"> • Demographic outline and Referral (route & reasons). • Relevant personal, family, social, medical and drug history. • Diagnosis of primary condition. 	<p>Scant information given which does not give an overview of the client.</p> <p>OR</p> <p>Too much detail is given which is not relevant to the main reason for referral.</p> <p>Diagnosis is not clearly presented.</p>	
	E	<p>Assessment methods and results (including evaluation of tools used) are appropriate for the case and clearly documented. Clear rationale & justification for methods used.</p>	<p>Assessment methods and results (including evaluation of tools used) are inappropriate for the case and/or not clearly documented. No rationale or justification for methods used.</p>	
	E	<p>Priorities for considering problems identified, with justification.</p> <p>Goals, therapeutic aims and objectives related to each problem clearly stated and justified.</p> <p>Selection, analysis and application of activities within client's programme.</p> <p>The interdisciplinary liaison(s) and collaboration(s) recommended.</p> <p>The above are clearly written with demonstration of clinical reasoning through the possible choices.</p>	<p>Lack of critical thought/analysis in relation to the client, the diagnosis and findings from the assessment/s which leads to inappropriate priorities, goals, activities.</p> <p>No evidence of liaison with other disciplines relevant to the client or case.</p> <p>Little or no evidence of clinical reasoning in the elements in this section.</p>	

Accreditation of Prior Learning

Name of applicant:				
Case Study – SHORT		PASS	REFER/FAIL	COMMENTS
	E	Re-assessment/ progress report(s) with reflection are documented at the appropriate stage of treatment. Grading and modification of activities in response to progress and reflections /evaluations.	Re-assessment/progress reports are absent or scantily presented. Activities are modified at different stages, but the rationale is not apparent. There is little or no evidence of reflection in this section.	
	E	A summary, which includes evaluation of intervention and activities, reflecting the total context of the case and the future needs of the client.	The summary is brief and lacks evaluation of the therapeutic intervention. The future plan is absent or does not address the client's needs and roles.	
Content	E	The case study covers the following, as applicable to the case:- <ul style="list-style-type: none"> • deformity due to the condition and/or secondary problems. • medical interventions/management used. • surgical interventions/management used. • complications and their management. 	The case study fails to cover the relevant aspects for the case. AND/OR The aspects identified are inaccurate or to a superficial level.	
Clinical aspects assessed under the following 10 points.	E	Knowledge of the pathology and medical management of the hand & its functional application.	Little or no evidence of knowledge re: 1	
	E	Ability to describe the mechanics of deformity and their implications in the upper limb.	Little or no evidence of ability re: 2	

Accreditation of Prior Learning

Name of applicant:				
Case Study – SHORT		PASS	REFER/FAIL	COMMENTS
	E	Ability to discuss the common methods available to the therapist in the assessment and treatment of the hand.	Little or no evidence of ability re: 3	
	E	Ability to discuss the chosen intervention including evidence / rationale.	Little or no evidence of ability re: 4	
	E	Ability to describe relevant surgical options and their therapeutic implications if appropriate.	Little or no evidence of ability re: 5	
	E	Ability to discuss the complications that may result from surgery and the management of these complications if appropriate.	Little or no evidence of ability re: 6	
	E	Ability to use and apply critical reflection and evaluation of treatment and outcomes.	Little or no evidence of ability re: 7	
	E	Ability to respond to the needs of the individual patient as well as to the condition.	Little or no evidence of ability re:8	
	E	Ability to utilise flexible and creative problem-solving skills.	Little or no evidence of ability re:9	
	E	Ability to illustrate the financial implications of providing this service.	Little or no evidence of ability re:10	

Name of applicant:				
Case Study – SHORT		PASS	REFER/FAIL	COMMENTS
Appendix <i>To be assessed only if appropriate and included.</i>		Appendices are clearly numbered and logically presented to support the case study.	Appendices are not numbered or logically presented. Limited use of appendices to support the case study. OR Over-reliance on appendices to include essential information which was integral to the main text. i.e. to fulfil the word limit.	
General appraisal of Portfolio of Evidence		The portfolio demonstrates the applicant's commitment to hand therapy through personal professional development and facilitating good practice in others. Clear evidence of reflective practice.	The portfolio is more descriptive than reflective and professional development is limited in relation to the time in the specialty.	

Number of passes for sections A & B:-	E	/ 7		
Number of passes for Long Case Study:	E	/ 21		
Number of passes for Short Case Study:	E	/ 21	TOTAL:	PASS / REFER
Name of Assessor:				

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