

De Montfort University

Human Communication

Speech & Language Therapy

**Practice Educator and Student Clinical Practice Guide**

**2nd year Placement**

**2017 -2018**

**2nd YEAR PLACEMENT**

**2017/2018**

*Dear Practice Educator,*

*Thank you for agreeing to take our second year students on placement with you.*

*Feedback from students often cite placement as the most influential module of their course and their clinicians as the role models for their future careers; so please be assured that your efforts are appreciated.*

*Below is a list of factors that second year students often cite in their feedback as helpful to their learning on placement. I hope you find this useful. ….*

|  |  |
| --- | --- |
| ***Most positive aspects of placement.*** | ***What could have been different…*** |
| *I felt I was able to apply what I had learned in class* | *Not receiving regular feedback and no encouraging or positive comments* |
| *I had hands-on experience, matching theory to practice, reflecting on professional development* | *More opportunity throughout for observation of clinician and sessions* |
| *Clinician who was very good at giving constructive and positive feedback* | *Feeling “in the way or a burden”*  *Feeling like a ‘nuisance’* |
| *The placement had a good pace from observation leading to taking part in one activity to gradually taking the whole session* | *More opportunities for practical working* |
| *Lots of opportunities for session planning and carrying out activities with children* | *More opportunities to feedback to educators about what had been seen- there was often not enough time* |
| *Lovely people who made me feel welcome*  *My relationship with my educator, who was fantastic*  *Feeling part of the team and being trusted to do important things, like taking a case history or note-taking* | *More chances to carry out more assessment and to plan for the following week* |
| *Always receiving feedback after each session so I knew how to improve for next time*  *My clinician always gave me the chance to think about what the next steps would be for the clients that we saw* | *Not much time to complete things and clinician having to do lots of paperwork* |
| *The opportunity to observe and experience all the admin, policy and procedure that fits into a SLT’s role on a daily basis* | *Clinician did not seem to have planned the placement, did not know what I was supposed to do, hadn’t read handbooks or assessment forms* |
| *Being able to observe my clinician and gain valuable learning points from watching her interaction with adults* | *Being asked to observe with no aim in mind- it just felt like I was filling time* |
| *Being with a peer really helped to build confidence* |  |
| *Really supportive clinician- continually questioned me about my observations and thoughts- this helped me to apply knowledge and to think for myself* |  |
| *Practicing assessments and seeing them being used* |  |
| *I was invited to team meetings and training –very useful!* |  |
| *Feedback being given to peers separately* |  |
| *Having the chance to try things* |  |

*Thank you for taking our students. We could not educate the next generation of SLTs without you*

*Best Wishes*

*Debbie Hunt*

*Clinical Education Lead*

# TABLE CONTENTS

Contents

[TABLE CONTENTS 5](#_Toc491348257)

[PLACEMENT AT A GLANCE 7](#_Toc491348258)

[PLACEMENT HUB WEBSITE AND SOCIAL MEDIA 8](#_Toc491348259)

[UNIVERSITY STAFF 9](#_Toc491348260)

[QUALITY STANDARDS 10](#_Toc491348261)

[**Placement Hub website and Social media** **Error! Bookmark not defined.**](#_Toc491348262)

[**INDUCTION AND HEALTH AND SAFETY** 10](#_Toc491348263)

[SAFEGUARDING 10](#_Toc491348265)

[RAISING CONCERNS 11](#_Toc491348266)

[STUDENTS RAISING CONCERNS ABOUT LEARNING OPPORTUNITIES ON PLACEMENT 12](#_Toc491348267)

[ACCESS TO DMU LIBRARY RESOURCES FOR PRACTICE EDUCATORS 12](#_Toc491348268)

[PLACEMENT INTRODUCTION 13](#_Toc491348269)

[SUPPORT FOR STUDENTS 13](#_Toc491348270)

[ADMINISTRATION 14](#_Toc491348272)

[STUDENT ATTENDANCE 14](#_Toc491348273)

[SESSIONS CANCELLED BY PRACTICE EDUCATORS 14](#_Toc491348274)

[LEAD PRACTICE EDUCATORS/ CLINICIANS 15](#_Toc491348275)

[DBS CERTIFICATE 15](#_Toc491348276)

[HOME VISITS, INDEPENDENT WORKING AND SECOND YEAR STUDENTS 15](#_Toc491348277)

[PROFESSIONAL ISSUES 15](#_Toc491348278)

[STUDENT REQUIRING ADAPATION TO PLACEMENT 15](#_Toc491348279)

[CONFIDENTIALITY 16](#_Toc491348280)

[PLACEMENT FORMS 17](#_Toc491348281)

[LEARNING OUTCOMES 19](#_Toc491348282)

[EXPECTATIONS AND THE DMU EDUCATOR/ STUDENT FEEDBACK AGREEMENT FORM 20](#_Toc491348283)

[STUDENT LEARNING 21](#_Toc491348284)

[HELPING STUDENTS TO LEARN 21](#_Toc491348285)

[Feeling Part of the Team 22](#_Toc491348286)

[Teaching v. Assessment 23](#_Toc491348287)

[OBSERVATION OF PRACTICE EDUCATOR SKILLS (role model) 23](#_Toc491348288)

[‘Hands on’ experience 24](#_Toc491348289)

[SUPERVISION 24](#_Toc491348290)

[Feedback to students about their progress in order to move learning forward 24](#_Toc491348291)

[Essential Components of Feedback 24](#_Toc491348292)

[Student Guidelines for receiving constructive feedback 27](#_Toc491348293)

[Encouraging Clinical Reasoning and Applying Theory to practice 27](#_Toc491348294)

[STUDENT ACTIVITY ON PLACEMENT 28](#_Toc491348295)

[CONTRIBUTING TO THE DEPARTMENT BY CARRYING OUT ADMINISTRATIVE OR RELATED TASKS 28](#_Toc491348298)

[PARTICIPATING IN CLIENT SESSIONS 28](#_Toc491348299)

[OBSERVATION OF CLIENTS 28](#_Toc491348300)

[CARRYING OUT ASSESSMENT 29](#_Toc491348301)

[Formal assessment 29](#_Toc491348302)

[Feedback on assessment 29](#_Toc491348303)

[INFORMATION GATHERING 30](#_Toc491348304)

[INTERVENTION PLANNING 30](#_Toc491348305)

[PROFESSIONAL CONDUCT 30](#_Toc491348306)

[Feedback on professional conduct 31](#_Toc491348307)

[PEERING 31](#_Toc491348308)

[Participating in a Peered Placement 31](#_Toc491348309)

[Managing a peered placement. 32](#_Toc491348310)

[Second year students peered with 4th years 32](#_Toc491348311)

[SUMMARY OF SECOND YEAR CLINICAL PRACTICE ASSESSMENT 34](#_Toc491348313)

[STUDENT ASSESSMENT 35](#_Toc491348314)

[PRACTICE EDUCATOR ASSESSMENT 35](#_Toc491348315)

[FINAL SUMMATIVE ASSESSMENT and GRADING 36](#_Toc491348320)

[UNIVERSITY ASSESSMENT 37](#_Toc491348321)

[Preparing for a case presentation- information and tasks 37](#_Toc491348322)

[What is needed for the university assessment from placement? 38](#_Toc491348323)

[Suggestions for assessment activities 39](#_Toc491348324)

[PROGRESSION REQUIREMENTS 39](#_Toc491348325)

[RE-SIT ARRANGEMENTS 40](#_Toc491348326)

[Appendix 1 41](#_Toc491348327)

[STUDENT LEARNING PROFILE 41](#_Toc491348328)

[Appendix 2 45](#_Toc491348329)

[CONFIDENTIALITY 45](#_Toc491348330)

[Appendix 5 49](#_Toc491348348)

[PLACEMENT LOG 49](#_Toc491348349)

[DMU Student/ Practice educator Feedback Agreement (*optional form)* 56](#_Toc491348353)

[Appendix 6 59](#_Toc491348354)

[Appendix 7 63](#_Toc491348356)

[Dear Second Year Students 2017 to 2018 63](#_Toc491348357)

[Relax – they don’t need you to know everything 63](#_Toc491348358)

[Appendix 8 Roles and Responsibilities 65](#_Toc491348359)

[Appendix 9 Resources and Referencs for Practice Education 67](#_Toc491348360)

# PLACEMENT AT A GLANCE

|  |
| --- |
| **Dates** |
| TERM 1: w/b 9th October to w/b 11th December 2017(Weds and/or Thurs) |
| TERM 2: w/b 8th January to w/b 12th March 2018 (Weds and/or Thurs) |

# PLACEMENT HUB WEBSITE AND SOCIAL MEDIA

Please visit our placement hub website for copies of placement handbooks, assessment forms, contact and details of educator training and updates on the DMU Speech and Language Therapy Centre.

**Website**: Placementhub.our.dmu.ac.uk

**Twitter.** Please follow the development of our DMU SLT Centre at

<https://twitter.com/DMUSALTcentre> @DMUSALTcentre

**Facebook**

Follow us on Facebook at Follow us on Facebook at **Facebook** **DMU slt programme**

# UNIVERSITY STAFF

|  |  |  |
| --- | --- | --- |
| **Name** | **Contact** | **Area of interest** |
| Debbie Hunt  Clinical Education Lead | [dhunt@dmu.ac.uk](mailto:dhunt@dmu.ac.uk)  0116 2078752 | Children, especially early years and practice education Contact for issues related to student progress and welfare |
| Nicola Johnson  Placement administrator | [Njohnson@dmu.ac.uk](mailto:Njohnson@dmu.ac.uk)  0116 257 7756 | All aspects of placement administration |
| Idalina Rodrigues  DMU SLT Speech and Language Centre Therapist (children) | [Idalina.rodrigues@dmu.ac.uk](mailto:Idalina.rodrigues@dmu.ac.uk)  1116 257 7894 | Children, specific language difficulties, practice education |
| Alison Tempest  Associate Head of School | [Atempest@dmu.ac.uk](mailto:Atempest@dmu.ac.uk)  0116  257 7824 | Children, speech difficulties, early years,  personal and professional development |
| Lisa Morgan  Senior Lecturer | [lisa.morgan@dmu.ac.uk](mailto:lisa.morgan@dmu.ac.uk)  Tel: 0116 257 7715 | children, especially school-age, specific language difficulties, working in educational contexts |
| Gill Astill (Weds/ Thurs)  First year placement coordinator | [gastill@dmu.a.cuk](mailto:gastill@dmu.a.cuk)  0116   257 7821 | Early years education |
| Morag Bixley ( Mon-Weds)  Senior Lecturer | [mbixley@dmu.ac.uk](mailto:mbixley@dmu.ac.uk)  Tel: 0116 2577814 | People with aphasia  People with apraxia of speech  Outcome measures |
| Nicola Lawtie (Mon-Weds)  Senior Lecturer/ Deputy Programme Lead | [nmoore@dmu.ac.uk](mailto:nmoore@dmu.ac.uk)  0116 257 7757 | Adult acquired. Dysphagia and post graduate dysphagia. Dementia |
| Dr Adam Brown  Senior Lecturer/ Acting Programme Lead | [Abrown02@dmu.ac.uk](mailto:Abrown02@dmu.ac.uk)  0116 207 8809 | Adult acquired. Dysarthria and aphasia |
| Pip Cornelius | [pcornelius@dmu.ac.uk](mailto:pcornelius@dmu.ac.uk)  0116 257 7830 | Developmental and disordered phonetics and phonology |

# QUALITY STANDARDS

This guide provides information for practice educators and students involved in second year placements. It provides details of the placement outcomes and should be used in conjunction with the Practice Educator Assessment (PEA) report handbook.

Students and educators are also directed towards the National Standards for Practice Based Learning (RCSLT 2006) available at: <http://www.rcslt.org/about/work_with_universities/pre_reg_edu/spl_intro>

and the

**Health and Care Professions (H&CP) Practice Education Guidance (2016)** available at [**https://www.rcslt.org/members/pre\_registration\_education/practice\_education\_guidance\_2016**](https://www.rcslt.org/members/pre_registration_education/practice_education_guidance_2016)**.**

**The Health and Care Professions (HCPC) Standards of Education and Training**

[**http://www.hpc-uk.org/aboutregistration/standards/sets/**](http://www.hpc-uk.org/aboutregistration/standards/sets/)

These Standards state the shared responsibility of each of the participants in the placement learning process: the higher education institution, the placement provider, individual practice educator and the student. Services undertaking DMU SLT students on placement have agreed to comply with these standards and these are used to audit performance. Student feedback about their placement experience is collected and distributed to service annually

**Practice Educators**

Typically we ask that all placement educators have two years post-graduate clinical experience before they supervise a student on placement. However, after one year’s experience a clinician may be involved in a year one placement, although a more experienced colleague would take primary responsibility as the named placement educator and assessor.

We also ask that all clinicians attend a ‘Practice Educators Training’ before they supervise their first student. These training days run annually at DMU or are offered as in service training. Educators will be sent a link for them to update the details of their training annually by the university. Please see Appendix 8 and 9 for information on practice education roles and responsibilities and resources and references.

**INDUCTION AND HEALTH AND SAFETY**

All students will bring with them a health and safety form which the student must return to university within two weeks of starting placement. It is important that educators inform the student about Health and Safety regulations locally. For example, confidentiality, fire alarms, emergency evacuation, first aid facilities, risk assessments, accident reporting procedure (students and educators must also contact HEI to report any incidents or risks on placement), personal safety measures, equal opportunities and anti-discriminatory policies. Students are responsible at all times for their own and their clients’ health and safety within the placement and they should not compromise the health and safety of the clients. It is acceptable for students to work on their own in healthcare or education establishments as long as the clinical educator is contactable and they have a named contact on the premises who knows they are in the building.

## SAFEGUARDING

The following outlines the safeguarding protocol with regard to students on placement and information for educators about the student preparation with regard to this essential aspect.

**Definitions:**

Safeguarding children refers to *“the process of protecting children from abuse or neglect, preventing impairment of their health and development and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully”* (HM Government, 2013)

Safeguarding adults refers to an adult *“who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”. (HM Government, 2000)*

**Preparation**

Whilst on placement a student may become concerned about an individual’s welfare, quality of care or well- being. Every student who comes into contact with children and adults during their placements has a responsibility to safeguard. Likewise, staff working with SLT students whilst on placement, have a responsibility to follow relevant safeguarding procedures. It is important that staff direct students to any safeguarding issues during their induction.

Students are involved in pre – placement workshops covering various aspects of professional behaviour and specific areas relating to safeguarding are as follows:

* Students will have completed basic training on safeguarding prior to the start of clinical placement. They will be reminded to review this work and will be directed to safeguarding national policy/guidance and training resources relevant for their particular placement. This includes an online safeguarding course; students should produce a certificate to confirm that they have undertaken this training.
* Students are advised on the appropriate processes regarding circumstances where they may become concerned about an individual’s welfare, quality of care or well- being of people on placement. They will be provided with information on the procedures to follow for raising these concerns whist on placement (see below)
* Students will be directed to their placement setting to seek specific safeguarding policy

## RAISING CONCERNS

1. Student should inform the supervising member of the placement of their concerns
2. As soon as possible the student should inform a member of the university staff. Usually this will be the DMU SLT module/placement coordinator responsible for the specific placement. The Programme Lead, Adam Brown should be copied into any communication. If the placement leads are not available students should contact Adam Brown, programme lead or any other member of university staff available.
3. DMU SLT module/placement coordinator must ask the student to write a signed and dated statement outlining their concerns. If appropriate the member of staff will also inform the student’s personal tutor who will be able to provide or direct them to further support.
4. The university staff member receiving the concerns will contact the supervising clinician and/or the service manager to share concerns immediately.
5. DMU SLT module/placement co-ordinator will share the concerns immediately with the Programme Lead and the university Faculty Safeguarding Lead for appropriate action; all actions discussed and taken will be recorded.
6. The student will be kept informed throughout the process.

## STUDENTS RAISING CONCERNS ABOUT LEARNING OPPORTUNITIES ON PLACEMENT

Students may raise concerns about their learning opportunities on placement or the support they are given. It is important that, in accordance with students operating within a healthy open working culture, that they have the confidence to raise concerns. It is also necessary for quality assurance purposes.

1. Students should, wherever possible, discuss their concerns directly with their practice educator or lead educator.
2. They may approach the clinical education lead or their personal or clinical tutor for support.
3. Where a matter needs further resolution then the clinical education lead and the practice educator will be in contact to seek resolution
4. The student and practice educator should be informed throughout.

It should be noted that:

Students should raise any concerns in a timely manner whilst they are on placement as raising concerns retrospectively can make makes resolution difficult. Student marks will not change as a result of a retrospective complaint which cannot be fully investigated.

Issues can occasionally arise from the lack of experience and understanding of students, and students are encouraged to raise issues if they have concerns to ensure that no misunderstandings occur. The student understands that the concerns are taken seriously, even if they are later seen to be unfounded.

# ACCESS TO DMU LIBRARY RESOURCES FOR PRACTICE EDUCATORS

Practice educators taking speech and language therapy students on placements from De Montfort University may have access to library facilities at the University, including on-line journal and e-book access. If you would like to take up this facility instructions for completing the necessary processes are below.

**If you registered for library access last year:**

Please email Adam Brown [abrown02@dmu.ac.uk](mailto:abrown02@dmu.ac.uk) stating which year of student you will be taking this year

Please indicate if any of the following have changed surname, postal address, email address, telephone number and if so give the new details.

You will be notified when your account is active

**If this is the first time you have registered for library access:**

Please email Adam Brown stating which year of student you will be taking this year

You will receive an electronic form to complete with instructions on how to complete and name the file.

Send the completed form as an email attachment to [abrown02@dmu.ac.uk](mailto:abrown02@dmu.ac.uk)

You will be notified when your account is active.

# PLACEMENT INTRODUCTION

This is the guide for practice educators and students involved in the provision of second year clinical placements for speech and language therapy students. This guide contains information about the placement as a whole. The placement spans two terms for one day a week (Weds or Thurs) or may involve half days. This placement will introduce students, for the first time, to clinical settings and the role of the speech and language therapist. Students will have carried out some related placement activities during their first year at university; interviewing parents, early year’s placement, school and later year's placement.

Their learning to date has covered mainly ‘typical development’ in children and aspects of the typical ageing process. They will be learning about communication difficulties in adults and children and the principles of assessment and intervention alongside placement during this year.

Please see Appendix 1 for further details of student learning.

## SUPPORT FOR STUDENTS

Each student is allocated a:

* Clinical tutor who will have an interest in the client group with whom the students are placed.
* Personal tutor who proves pastoral and academic support throughout their time at university.

Students are encouraged to keep in contact with their personal and clinical tutor whilst on placement. Students should contact the Clinical Education Lead, if they have any concerns regarding their learning opportunities on placement or their progress.

## Peer Support; students have also been peered with a final year student, who will be giving them university-based tutorials and support during their first term of placement. Some students may be peered with a final year student during placement.

The Aims and the Learning Outcomes for this module refer to the level that students should attain **by the end of the placement period** as a whole. Please see the Practice Educator Assessment report for further guidance on the assessment process.

The Practice Educator Assessment (PEA) report is used for both elements of student assessment by practice educators. Please see this guide for further details.

* Assessment for the first term of this placement is largely a formative process which is designed to give students feedback on their developing skills and set targets for their second term of placement. We also ask that practice educators assess student personal and professional skills (Outcome 1), ability to respond to feedback, interaction skills and achieve at least a satisfactory or developing level in these skills. However practice educators are asked to also **consider all of the given outcomes** with their students and discuss the progress their student is making. The results of this review of progress should be entered onto the Alert form and this form should be returned to the university at the end of the first term in the envelope provided. Only the Alert form needs to be returned at this point. If the placement educator changes between the 2 terms and one clinical educator carries out the half way review and one the final assessment, the student can take responsibility for passing the PEA between the two clinicians.
* Assessment for the second term of this placement is again using the same Practice Educator Assessment form. Practice educators are asked to consider the final assessment form for all outcomes and indicate the banding for their student which reflects their progress over the placement as a whole.
* For their university assessment students are asked to identify one client whilst on placement in order to prepare a case presentation. We ask that students are permitted to collect client data and carry out some assessment or intervention activities.

Please see the section on University assessment.

# ADMINISTRATION

## STUDENT ATTENDANCE

In order to pass the clinical placement module students will normally need to have attended every one of the clinical sessions, i.e. have 100% attendance. Students are informed that they must be available for a typical working day (approx. 8.30 a.m. to 5.30 p.m. or 6.00 p.m.). Students can be asked to work outside of this if their placement requires, however if students are expected to carry out extended or non -typical hours then we must be notified of this on the timetable before the start of placement, as some students may have care commitments and may need to make exceptional arrangements.

**Procedure to be followed in the event of student ill health**

Students must take responsibility notifying placement if they are unable to attend before the session occurs. Students must also e-mail Nicola Johnson [njohnson@dmu.ac.uk](mailto:njohnson@dmu.ac.uk) to inform her of the days missed and arrangements made to retrieve the time so that a record can be maintained. Practice educators are asked to confirm student attendance at the end of placement on the Practice Educator Assessment form. Students will be available to make up missed days on either the Wednesday or Thursday (when not usually scheduled for placement).

## SESSIONS CANCELLED BY PRACTICE EDUCATORS

We understand that clinicians occasionally have to cancel sessions for meetings, half term, sickness etc. However, in order for students to have an equal opportunity we would ask that extra sessions, or clinically-related activities, are arranged to compensate. (RCSLT Standards for Practice Based Learning, 2006). It is recommended that educators contact their departmental placement coordinator in the first instance if any problem with providing the placement opportunity as arranged arises. We expect students to be actively engaged with these arrangements. Please contact Debbie Hunt if you would like support with this.

**MAKING UP DAYS MISSED**

Placement is carried out on one day a week, either a Wednesday or a Thursday (or may be spread over two half days), and students continue to have one day a week free of teaching (either the Wednesday or Thursday depending on their placement day, or half days) on their university timetable and are therefore available on their usual non- placement day to make up any missed or re-arranged days. This only one potential exception to a student’s availability to do this. Students will carry out a two day dysphagia placement at some point during the year, and due to the nature of this placement, students may have only 2 week’s notice of the arrangements for this. Usually arrangements for this dysphagia placement should not usually impact on their availability for their weekly clinical placement unless their usual placement has been re-arranged for any reason.

Students whose placement is spread over half days can discuss the arrangements for the dysphagia placement with Nicola Johnson.

## LEAD PRACTICE EDUCATORS/ CLINICIANS

Where there are a number of different practice educators taking part in the provision of this placement, services have been asked, in line with the 2006, RCSLT National Standards for Practice Based Learning, to nominate a lead clinician/ educator for each placement. This may be the clinical placement coordinator, or someone taking part in the placement provision. The role of this supervisor is to co-ordinate the student’s learning opportunities across the placement and collate the feedback from all those taking part in the placement, particularly; planning where opportunities for meeting learning outcomes can best be provided; gathering half way review and assessment results and being the main point of liaison for the student and university etc.

## DBS CERTIFICATE

All students will have undertaken an enhanced DBS check and can produce their DBS number or certificate on request.

## HOME VISITS, INDEPENDENT WORKING AND SECOND YEAR STUDENTS

Second year students are not permitted to carry out home visits unaccompanied by their practice educator. Second year students can carry out independent work (particularly if peered) in a safe environment such as a school; care home etc. In such circumstances it is expected that educators will have evaluated any risk and students will have an identified contact on site as well as the contact details of their educator. It is also expected that practice educators will have seen student intervention plans or that students will be fully aware of what is expected of them for this independent work, and that supervision is provided regularly following any independent sessions.

# PROFESSIONAL ISSUES

## STUDENT REQUIRING ADAPATION TO PLACEMENT

The Equality Act, (2010) requires that universities and employers make reasonable adjustment to meet individuals’ needs and support them in achieving the standards required. We ask that all students be open and proactive regarding any learning needs that they have on placement. Students who require any adaptation to placement for either a disability, mental health condition, medical condition or specific learning difference (for example dyslexia) or a temporary condition (for example an arm injury, pregnancy) are required to complete the Placement Accessibility Questionnaire. The information about this process is available to students through Blackboard (the university Virtual Learning Environment). Students may request adaptation for the following:

1. Where adaptation to an aspect of placement is necessary, students must discuss their learning needs with the Clinical Education Lead before the start of placement so that any adjustment or additional support in placement can be planned. Where permission is given by the student, educators will be contacted prior to placement and a discussion involving all parties will take place to discuss and agree any ‘reasonable adjustments’ necessary to enable the student to be successful. Students can choose not to disclose a disability or may decide that they do not wish to arrange any adjustments. However students must be aware that not doing so may mean that they do not receive the support that they require to be successful on their placement. Feedback from supervisors and students would indicate that planning for adjustments is preferable and enables educators to support students successfully.
2. Students who become pregnant whilst on the course are strongly advised to inform the university and placement of this as soon as possible as it is a requirement that regular risk assessments are carried out by the university and any service with whom the student is placed. Students undertaking a placement when returning from maternity leave may request adjustments; such as arrangements for expressing milk, but this requirement must be discussed with the Clinical Education Lead before the placement is arranged to ensure this can be accommodated in any given setting.
3. Students may request some adaptation or adjustment to placement for personal reasons such as care arrangements etc. This should always have been discussed and agreed with the placement beforehand. Students must be aware that it may not always be possible to accommodate personal arrangements in a working environment. Whilst every effort is made to accommodate such requests students must be aware that there is no obligation on placements to adapt and students should be aware that they must be available for a working day plus travel time.

Please note: No adjustments to placement should be requested by the student for student employment or sporting commitments.

**Supporting students with disabilities and additional learning needs**

Students with declared/disclosed disabilities will have been given a personal learning plan that is disseminated to placement so that the Practice Educator can make appropriate adjustments. For students needing significant adjustment this will be discussed with the service placement coordinator and agreed prior to the placement offer being made so that the most appropriate setting can be identified. In most cases practice educators will receive information after the university receives the student timetable.

Students or educators can contact the university if unsure about any situation that arises.

## CONFIDENTIALITY

Please note that there is a legal obligation under the Data Protection Act, 1998 to protect sensitive information and the information that Speech and Language Therapists hold falls within this category. Students must demonstrate familiarity with Section 7 of the HCPC, SOPs and the HCPC, ‘Guidance on Conduct and Ethics for students’. Students must not compromise either their clients, practice educators or the service with which they are placed. Students are responsible for ensuring that their work meets these standards of confidentiality. Practice educators and students are also advised to read the detailed information in Appendix 3, page 47of this guide. Students must also complete the confidentiality cover sheet (page 50) when submitting their case assignment.

**Confidentiality and social media**

The legal and moral obligation to protect confidentiality also applies to use of information via social media, regardless of whether communicating with other health professionals, friends or the general public. Care must be taken to ensure that clients cannot be identified, either directly or indirectly. Consider who will be able to access the information that is being posted and whether this will allow the identity of a client to be exposed. Do not use names of services, or be specific about client details, when discussing cases with others as information can be triangulated and identification of services, clinicians or clients can be inadvertently revealed.

**Client and professional boundaries**.

Maintaining clear professional boundaries can be difficult when using social media. Speech and Language Therapy students should not share with their clients or their client’s families, their private details. It is not recommended that any online relationship with current or former clients or client’s families is entered into to ensure that professional behavior is maintained at all times.

Please also be aware that due to the accessibility of information via social media some organisations use these sites as part of employee checks when recruiting to positions. Any information that appears unprofessional or controversial may affect future chances of employment.

Most social networking sites will have privacy settings to enable control of how accessible material is, at least to some extent. Please ensure that the implications of these settings are fully understood.

Please note that keeping client data confidential applies to both ‘public’ and ‘closed’ sites available to invited groups.

**Use of mobile telephones**

Students must ensure that they must keep their mobile telephones turned off on placement except in exceptional circumstances, and where they have been given explicit permission by their educator.

The use of mobile phones with a camera facility which can record activity can constitute a considerable risk. These risks can be identified as:

* Possible breach of medical confidentiality
* Possible intrusion into an individual’s private life
* Possible contravention of Data Protection Act 1998 and breach of patient confidentiality
* Possible risk to safety and welfare of children in contravention of The Children Act 2004
* Cause of nuisance to staff and other service users
* Perceived lack of respect

Therefore student must not use their mobile phones to capture either video, audio or still images in any area of their placement in order to preserve patient and service confidentiality and human rights. Integral cameras/ document management functions within any form of mobile communication should never be used for clinical purposes.

Any breach of these conditions will result in a suspended placement and a ‘Fitness to Practice’ investigation.

# PLACEMENT FORMS

Students will have available a range of forms to help guide their placement experience. The following 3 forms are compulsory and must be completed. Students should note that the completion of these elements is considered a professional responsibility.

1. **Curriculum Vitae**: Students are expected to complete a CV of their relevant experience. This must be e-mailed to practice educators before the start of placement to enable educators to get to know their student.
2. **Personal Learning Objectives**: Students are expected to alert educators to their personal learning objectives and any areas that they need to develop. These should be discussed with practice educators in week 1 of their placement. In week 1 students should enter these on their on the Practice educator Assessment report form (PEA).
3. **Placement Log/ Diary Sheet:** Students must also complete the diary sheet in their placement log for every placement day and we would ask that all clinicians see this record and sign it on a regular basis, ideally daily although we realise this may not always be possible. This diary creates a shared understanding between student and clinician of what is expected of the student, and allows an opportunity for the clinician to check a student’s perception of what is being learned. It also enables the student to keep a record of their learning and to reflect on these. This form is given in the placement log Appendix 4.

In addition to these three compulsory forms. Appendix 4 gives additional forms that are optional, but that students and educators may find useful.

# 

# LEARNING OUTCOMES

Second year students should attain the following learning outcomes with **specific guidance support and/or demonstration from the practice educator.** They will need specific direction in all aspects of clinical work but are expected, over the course of the placement to develop a degree of independent thinking and action.

|  |  |
| --- | --- |
| Placement Learning Outcome. | How this will be achieved in this placement |
| 1. Collect and collate client/clinical information from sources appropriate to the placement setting |  |
| 1. Interpret and evaluate client/clinical information using theoretical knowledge |  |
| 1. Present an informed clinical description of a client/clinical setting using clinical information and theoretical knowledge |  |
| 1. Plan, implement and critically evaluate intervention appropriate to the placement setting, stating rationales and demonstrating an awareness of the client and carer perspective and beginning to select appropriate approaches, techniques and strategies |  |
| 1. Demonstrate professional conduct |  |
| 1. Begin to reflect on their placement experiences for the purpose of further developing their professional practice in relation to the HCPC SoPs |  |
| 1. Begin to modify their communicative style to meet the needs of clients, carers and other professionals |  |

# EXPECTATIONS AND THE DMU EDUCATOR/ STUDENT FEEDBACK AGREEMENT FORM

It is recognised that, in some placements, the opportunities afforded by the placement do not appear to match with every one of the expected learning outcomes but offer an equally valuable, although different, experience**.** It is suggested that practice educators discuss the learning opportunities that their particular clinical situation offers with their student at the start of placement and explain how the learning outcomes may be interpreted in the light of these opportunities. Included in Appendix 5 is a feedback agreement form which is intended to give a structure to educator and student discussions about the expectations of both parties on placement. Educators are advised to complete the form given with their students, although it is not mandatory. Alternatively educators are advised to hold a discussion with their student in the early part of placement about expectations and the other areas outlined below. Experience has shown that such a discussion can be a valuable tool for managing expectations and avoiding misunderstandings at a later stage in the placement.

Early discussion is useful for establishing agreement on;

* The opportunities offered by the given placement and how these relate to the generic learning outcomes given for the module.
* Joint understanding of learning goals and how the learning goals will be achieved throughout the placement
* The supervision process e.g. frequency of supervision sessions, type of

feedback etc.

* Expectations around responsibilities e.g. session plans, note taking etc.
* Clarity around expectations regarding time-keeping, dress code, session plans, absence and how to address clients etc.
* Discussion of learning needs and learning opportunities on the placement.
* Details of ‘when’ and, in ‘what format’ session plans should be submitted prior to any independent activity(we recommend that the practice educators review all plans)
* Set a date for a formal midway review or explain how this will be managed

The agreement should be revisited during the placement and altered as required.

# STUDENT LEARNING

This diagram gives a ‘quick guide’ to the level of competence that the students are aiming for **by the end of** placement. We have called this, ‘Basic clinical competence with support’ further detailed information on student learning is given in Appendix 1. This is the level expected by the end of placement with **specific support and guidance and/or demonstration from the practice educator.**

## HELPING STUDENTS TO LEARN

Speech and Language Therapists make excellent practice educators because they are able to use many of the skills developed in their therapeutic role; assessing levels of ability; planning programmes to suit an individual’s strengths and needs, and giving specific feedback on performance to bring about positive change, to name but a few.

The student feedback included at the beginning of this handbook identifies some of the most common themes that students identify as a positive influence on their learning when they are asked for feedback on their placement experience. Students commonly identify being made to feel part of a team; quality of feedback; hands on experience; hearing their educators use clinical reasoning as valuable to their development as clinicians. These themes also occur in the literature on practice education and are often cited as effective methods by experienced educators. The literature gives characteristics of adult learners and it can be helpful to understand how adult learners may differ in their approach to learning.

* They bring previous life experience (although not necessarily direct experience of working with people with communication difficulties) which needs to be respected and applied to their current learning experience
* Learn best in environments which reduce threats to self-concept and self- esteem and provide positive support for change and development
* Are usually highly motivated
* Need balanced feedback to develop
* Value self -directed learning
* Learn more effectively through experiential techniques (discussion, problem solving and ‘hands on’ experiences)

(Adapted from Boud, 1987)

As adult learners students are encouraged to take a pro-active approach to the opportunities offered to them on placement and to take responsibility for their own learning. Students must be aware that they are learning in a ‘real live’ environment on placement and, whilst they are entitled to support from their practice educator, they must be aware that a client’s needs remain paramount and that their educators must balance their clinical and teaching commitments.

## Feeling Part of the Team

Students identify that a workplace which welcomes speech and language therapy students to feel part of the team and values the contribution made by future colleagues in a non-judgmental way is a key contributor to a positive learning experience. We recognise that this can be a challenge for busy clinicians with time pressures and changes to working practice.

The following may suggestions may be helpful in managing the student placement

* Establishment professional relationship with your student based on mutual respect (teacher’s attributes are seen as more influential in creating a positive learning environment than their actions, Kuol, 2007)
* Allowing time for planning for the placement and spending time in the early part of placement in supporting a student can help to ensure that the student is more independent and can make a contribution later in the placement
* Discussion of the Learning Outcomes and expectations on both sides early in placement (use of the Placement Agreement and PEA form or similar can facilitate this) to establish expectations.
* Identify the learning opportunities in every day practice. This may be asking them to undertake active observation activities or to participate in part of ‘hands on’ activities. For instance making observations on a ward round or making phone calls.
* Consider the tasks that the student can do independently. This can be ‘safe’ activities such as making the tea, or reviewing case notes (see for a list) or professional activities such as taking part of the therapy session, running groups etc.
* If educators are sharing the supervision of a student with other colleagues then early consideration of which setting can address which learning outcomes can save time, as not all outcomes need to be addressed in each setting.

## Teaching v. Assessment

Practice educators are asked to be both teacher and assessor and this can present a conflict on occasion for both educator and students. Educators may feel pressure to ‘assess’ the competency of their student continually and some students report feeling, ‘assessed’ all the time, and pressure to answer questions only when they are sure that they are ‘right’ answer. Asking students questions to explore and extend their learning is essential but students need to feel able to attempt to answer questions and explore their ideas allowing for the fact that they will not always be ‘right’. Educators will make judgements about how a student is progressing throughout placement but the final assessment takes place near the end of placement when the maximum opportunity for learning has occurred. Students are expected to take part in his process by being proactive and take responsibility for their learning by sharing their knowledge with their educator in attempting to answer questions and carrying out independent study and preparation. It is difficult for educators to guide and support students unless know what a student is thinking and how a student is problem solving. Students also have a responsibility to be well prepared for placement and to have revised relevant theory.

**\*Top Tip**

Educator may find that an approach which elicits some information from students is more effective than direct questions which may evoke a defensive response. (Parker, A., 2013)

For example

Try

“Tell me two things you know about aphasia and one thing you would like to know”

Rather than

“Tell me about aphasia:”

## OBSERVATION OF PRACTICE EDUCATOR SKILLS (role model)

Students need to learn to act like clinicians. Therefore, in order to develop a student’s clinical skills, it can be helpful to ask students to observe and identify the skills and techniques used when educators are leading sessions. Students can be directed to observe their practice educator and identify strategies, techniques and approaches that are used and evaluate the impact of this in achieving the aims of the session or intervention. A suggested format for this is given in Appendix 4, ‘Practice Educator Observation Checklist’, although headings could be selected by practice educators as appropriate to the situation. For instance the student could be asked to note how an educator modifies his/her language as appropriate to the client’s comprehension level; observe the type of reinforcement given to a client; the explanations or advice given to carers or parents and analyse the result of these techniques on the client performance or understanding. Students will also benefit from observing and reflecting on the skills of others in the MDT team. Students can be encouraged to feedback their observations and make suggestions for change. Use of active observation can present and opportunity for student learning in almost every situation without taking additional educator time.

## ‘Hands on’ experience

Adult learners often learn best when presented with an active model of learning and are allowed to be fully involved with the opportunities in their placement. Research indicates that allowing learners, ‘hands on’ experience promotes active and reflective learning as well as allowing for development of interaction skills.This enables them to build their communication skills and monitor their impact on their client, to learn how to adjust their skills and how it feels to help clients to learn and to support this learning. With the increasing emphasis on a consultative model for therapy in service it is important that students are able to gain practical experience. Second year students will benefit from being guided to carry out pre-prepared activities such as assessments or therapy programmes or therapy activities that a student has observed their educator carrying out such as; a phonology game, language task, writing task etc. Students may be introduced to this by asking them to participate in part of a session initially and then gradually building this to management of the entire session.

# SUPERVISION

## Feedback to students about their progress in order to move learning forward

Student Speech and Language Therapists rely on feedback from their practice educators in order to identify areas of their development that need to be addressed and to identify ways to change. However becoming an autonomous reflective practitioner is a gradual process and supporting this process by giving explicit feedback is an important aspect of the practice educator’s role. Throughout the placement students will appreciate timely, explicit, constructive feedback on their progress. Students should be aware that clinicians constantly practice self-monitoring and adjust in response to feedback from client performance, colleague opinion and discussion etc.

Students should be encouraged to monitor their own performance at all times even when specific feedback sessions are not planned. The student placement log is designed to facilitate the progress towards independent working.

Many models of feedback exist in the literature and it is recommended that this be carried out as an active conversation and that students prepare to take full part in identifying both positive and areas for improvement in their performance. Educators are encouraged to ensure that feedback is balanced as when feedback is predominately negative; studies have shown that it can discourage student effort and achievement (Hattie & Timperley, 2007, Dinham)

Giving structured feedback regularly will improve both student performance and client care.

## Essential Components of Feedback

Experience has shown that if practice educators establish ground rules for feedback at the start of placement it can lead to a more successful experience for all concerned.

* A good relationship between the learner and the person giving the feedback is vital and the foundation of giving good feedback. Literature suggests that a positive, well-developed relationship between learner and mentor is crucial to quality feedback (Ende, 1983; Thomas & Arnold, 2011). Mutual respect is an important component.
* Timing and frequency of feedback. Wherever possible it is suggested that supervision or feedback session are planned and allows the student some time for reflection before discussion takes place. Reflection and planning can be one of the independent activities undertaken by the student.
* Agree scope and confidentiality level. ( Feedback may or may not be confidential but both parties should be clear about the level of confidentiality)
* Feedback sessions should facilitate a balance of both positive comment and suggestion for change to guide future performance. It must be clear to both that the purpose of the feedback is to improve the learners’ performance.
* Action plan-creating an action plan reinforces the concept that feedback is a supported sequential process rather than a series of isolated feedback events (Archer, 2010; Bing-You & Trowbridge, 2009).
* Feedback should be on observed performance rather than offering judgement on past events Thomas & Arnold, 2011).
* Feedback should focus on specific behaviours and be explicit.
* Be aware of the potential for feedback to have an emotional impact on the student, they may need time to process feedback.

Often following a session educators will ask their student “How did that session go?”

The following may help to structure this or to suggest aspects to include.

|  |  |
| --- | --- |
| **If using reflection to describe any planned activity** | Both educators and students should check the students aims for the session or intervention plan to be sure of what the student was trying to achieve  It can be helpful to ask the student to identify:  \*2 good aspect that went well and why  2 more challenging aspects and why  They may wish to evaluate their own performance  How did they feel in the session  How did their performance and behaviours impact on the client?  How might they improve for next time  *\*This may come naturally at the start of the session or be more natural at a later stage in the supervision but it is important for student to identify both positive and challenge aspects of a session* |
| **What happened?** | Were your goals for the session achieved?  What improvements were built on from previous feedback?  Describe the clients’ experience of the session  Describe the level of rapport/ relationship and how this was achieved or built upon  How did the individual activities go?  How did the client respond?  Did you use your step up and step down and did you need them or more?  How effective were the explanations or feedback and could these be changed? |
| **So what does this mean?** | What have you learned from what has taken place today?  What did the client learn/achieve today?  Do the results mean that the client has made progress towards the overall aims of intervention?  Has this changed your understanding of the client or your thoughts about the decision made so far?  What have you learned at Uni that is helping you to understand this and what might you find out before the next session?  Did my outcomes measures for this session work? |
| **Now what happens?** | What do the outcomes today tell me about the next steps for my client and the intervention?  What needs to change, because of what has been learned, to facilitate further change for the client in the next session or in the longer term?  Do I need to do things differently, or access new theory?  How will therapy goals be generalised outside of this situation? |

## Student Guidelines for receiving constructive feedback

Whilst most people would agree that balanced feedback is important for learning, receiving feedback can be challenging at times. Students must also be prepared to receive feedback from their educators as well as give and receive feedback with their peers. Students are advised prepare for this experience;

1. Listen to the feedback (rather than prepare your response/defence).
2. Ask for it to be repeated if you did not hear it clearly.
3. Assume it is constructive until proven otherwise; then consider and use those elements that are constructive.
4. Pause and think before responding.
5. Ask for clarification and examples if statements are unclear or unsupported.
6. Accept it positively (for consideration) rather than dismissively (for self-protection).
7. Ask for suggestions of ways you might modify or change your behaviour.
8. Respect and thank the person giving feedback.

Encouraging Clinical Reasoning and Applying Theory to practice**.**

Whilst feedback tends to focus on an immediate event students also needs to be encouraged to use reflection and knowledge to respond to questions which will challenge their thinking and problem solving.

Clinical Reasoning can be defined as the process by which a practitioner collects cues, processes the information, comes to an understanding of an individual’s problem or situation, plans and implements interventions, evaluate outcomes and reflects on and learns from the process.

There are many opportunities in practice to support students to develop these skills. Learning to reason and to understand how to bring information together and weigh up its relevance is a developmental process and will need scaffolding and the steps need to be broken down.

This will be addressed using the feedback models as suggested above but the following can also be helpful.

* Modelling reflective practice
* Model clinical reasoning and compare educator reasoning with student reasoning when planning
* Using the placement log to identify aspects that have been learned throughout the day rather than just describing the experience
* Ask students to think aloud when you are planning session together
* Tell stories and give examples from practice about your own reasoning around individuals
* Ask students to observe aspects of your behavior and activity and to guess your aims or reasoning.
* Using questions combined with the reflective cycle ( as above)
* Encouraging students to see the similarities and differences between individuals and situations ( comparing patterns)

# STUDENT ACTIVITY ON PLACEMENT

*The following is suggested activity.*

* Contributing to the department by carrying out administrative or related tasks

## Participating in intervention sessions, carrying out sessions or programmes planned by the individual SLT, or standard pre-planned programmes leading to students carrying out independent sessions

* Observation and interpretation
* Information gathering/data collection; case history, talking to carers, teachers etc.
* Formal and informal assessment and interpretation

## Contributing to planning individual sessions

* Recording client data
* Case Note writing and report writing

It is recommended that students are allowed to participate in ‘hands on’ activity from as early in the placement period as possible and to participate in a range of activities.

**NB:** The list of suggested activities is for guidance only as we recognise that each placement will vary. However students are required in term 2, for their university assessment, to participate in an assessment task or intervention task and to collect data from one client.

## CONTRIBUTING TO THE DEPARTMENT BY CARRYING OUT ADMINISTRATIVE OR RELATED TASKS

It is suggested that student will feel part of the team and gain valuable skills and confidence by being involved in the daily running of the setting. They may be asked to help with administration, making equipment, booking appointments, making tea etc. For some students this may be their first experience of a working environment and it also gives an insight into all of the expectations of the speech and language therapist in their working day. Asking a student to contribute to the environment by carrying out tasks that all professionals consider part of their working day can help the student to feel part of the team.

## PARTICIPATING IN CLIENT SESSIONS

From the earliest part of their placement students can be asked to carry out activities with clients, if it is felt to be appropriate. Initially this may be carrying out an activity that a student has observed, such as; a phonology game, language task, writing task etc. or a planned therapy programmes. Students may be introduced to this by asking them to participate in part of a session initially and then gradually building this to management of the entire session. Research indicates that allowing learners, ‘hands on’ experience promotes active and reflective learning as well as allowing for development of interaction skills.

## OBSERVATION OF CLIENTS

Experienced clinicians are able to simultaneously identify, for example, speech disorders, expressive language impairments, level of comprehension, poor non-verbal communication, affect interactive skill etc. This is an impressive and important skill which clinicians learn during training, fine-tune post-qualification, and take for granted when working as an experienced practitioner. Second year students have had opportunities in Level 1 to develop some basic observation skills through their related experience placements and video teaching. Nevertheless they will still require quite specific guidance when observing aspects of a client performance in clinic. Given in Appendix 4 is a list of client functions that may be observed and commented upon. It is suggested that when students are asked to make observations of a client or situation early in placement that only 2 or 3 areas are suggested for the student to focus on. It is important that student/s have an opportunity to feedback on their observations. In the early stages of the placement student feedback on their observation findings will probably consist of a list of general observations under the specific headings agreed, but as they progress through placement it is expected that they will be beginning to interpret their observations. Student could be asked to design their own observation schedule for their particular setting or client. In addition students often need support to recognise that the incidental information gained through observing a client during ‘informal’ aspects of a situation, such as during conversation or play, are as valuable to learning about the client’s profile of communication skills as more formalised assessments.

## CARRYING OUT ASSESSMENT

Students are introduced at university, alongside placement, to appreciate the principles underlying the assessment process. They are introduced to observation, informal and formal assessment procedures.

**Informal Assessment/Observational Checklists**

Students often find it difficult to understand informal procedures and may need specific guidance to understand how to design informal assessments. However this is a necessary skill and students can be asked to devise and administer receptive or expressive informal assessment tasks. However it can be helpful for the educator to identify specific elements for assessment, for instance, “How might we assess his understanding of single words?” may be easier than, “How might we assess this client’s comprehension?” Students can be asked to design and prepare observational checklists or informal assessments as appropriate.

## Formal assessment

Students will not have an encyclopaedic knowledge of all of the available formal assessments but at university, alongside placement, they are taught to appreciate the principles underlying formal assessment procedures and also encouraged to research the most common assessments in each client group. On placement it is expected that they could be asked to research, practice and then administer any straightforward formal assessments used in the setting. Students have access to a range of formal assessments at university in the Resource room. If students or practice educators have recommendations for new assessments please e-mail [dhunt@dmu.ac.uk](mailto:dhunt@dmu.ac.uk) to ensure that this bank of resources can be updated regularly.

We appreciate that formal assessment of clients may not be part of the projected management plan in some settings and if so, students may instead gain practice of using formal assessments with peers at the university.

Students can also consult their final year peer on appropriate assessments and their administration.

## Feedback on assessment

Feedback from students following the use of an assessment is likely to be descriptive rather than evaluative to begin with. They may need to be taught how to interpret the outcome of their assessments – to identify what has been learned, and how this combines with other client data to inform clinical decision making, whether further assessment is necessary, the implications for diagnosis and/or how the results will influence intervention planning.They will benefit from constructive feedback from educators on their administration of the assessments and interaction with the client.

## INFORMATION GATHERING

Students have had opportunity to interview parents in Level 1. In the Level 2 modules (SALT2207 and 2002) they will be given some formal teaching about collecting and collating client/clinical information from sources appropriate to the clinical setting.

We appreciate that it may not always be possible for students to take case history information directly from the clients, carers or other professionals. We would be grateful if students, wherever possible could have access to case notes, medical records etc. If this is not possible they could be asked to carry out an independent activity such as looking at the service case history form and preparing questions that could be asked to elicit the relevant information or planning questions for carers or other professionals related to a given client etc.

## INTERVENTION PLANNING

Early in placement students could be asked to carry out activities, part sessions or sessions that have been planned by their clinician or following a pre-prepared programme. This will enable them to develop their interaction skills and build an understanding of client responses.

Towards the end of this placement students will be able to contribute to the planning and carrying out of individual intervention sessions for clients or the conditions that they have encountered more regularly on the placement. Students should understand the significance of the information/data collected about their clients and the rationale for the planned intervention. Students at this stage should understand how any activity contributes to the short term goals for a client. It is expected that students will still need more support to give consideration to a holistic view of the client, or the longer term outcomes. It is necessary for students to prepare written session plans prior to any clinical activity that educators have asked them to prepare; stating rationale, aims, methods, etc. although the format of this we leave to clinicians’ preference. There is a suggested format given in the students Placement Log –see Appendix 4 page 50 onwards.

**NOTE WRITING AND REPORT WRITING**

Both case note writing and preparing reports can help students to develop clinical reasoning skills.Second year students are expected to contribute to writing case notes. They will receive some guidance on this at university during their first term in second year including information about electronic systems -but will not be familiar with using the electronic record systems until they reach placement. They will initially need guidance about the structure of the notes expected in any given service. Students can also be asked to prepare reports on clients for their clinicians and will benefit from seeing any examples or proformas to familiarise themselves with what is expected. With both case note writing and reports students may be very descriptive to begin with, but can be expected to progress as their clinical thinking skills develop.

## PROFESSIONAL CONDUCT

We consider it essential that students are aware of professional responsibilities from the beginning of their training. In Level 1 of their programme, students have had opportunities to discuss what it means to be a ‘professional' and to consider the significance of this aspect of their education. Students are given and must comply with the HCPC (2010) ‘Guidance on Conduct and Ethics for students’.

Professional conduct can be demonstrated by the students through:

* attending as required
* arriving at the clinical setting well prepared for the working day;
* personal presentation being appropriate to the setting
* always informing their practice educator if unable to attend a clinic session or if likely to be late in a timely manner
* understanding dress codes
* maintaining confidentiality in all aspects of their work
* good timekeeping
* having a willing, and diligent attitude to work
* being proactive and showing initiative
* responding appropriately to teaching opportunities offered in clinic.
* understanding that clients’ needs are paramount
* informing your educator if any of the clients encountered on placement are personally known to them

Please see the PEA report for assessment of personal and professional development, Outcome 1.

## Feedback on professional conduct

Generally, speech and language therapy students quickly assimilate the requirements of them as a trainee professional and there are rarely significant problems with this aspect of their work. However, there are occasionally students who do not readily adapt to the professional role and it can be difficult for educators to tackle unsatisfactory behaviour in some of these more personal aspects of their clinical work. In some instances it is difficult to specify precisely why an attitude or behaviour is inappropriate. Educators are advised to discuss the identified behaviours with the student in order to ascertain any underlying problems. It can be helpful to identify the effect that these behaviours have upon clients or team members in order for the student to understand the rationale for the discussion. Nevertheless, development of professional skills is equally important to acquisition of theoretical knowledge and practical clinical skills and it is essential that students are given clear feedback from educators if their attitudes, manner or personal presentation are inappropriate. The use of the Placement Agreement form can be helpful in setting out the expectations early in placement and can be used as a resource to refer to, if the student is not meeting the terms of the agreement. Please contact the university if problems arise.

# PEERING

Second year placements might be either singleton, peered, or occasionally in a group. All placement types are considered equally valuable and most students will experience either singleton or peered placements at some point in their course at DMU. Both collaborative and individual models enable valuable learning opportunities (Martin et al., 2004; Moore et al., 2003; Zeira & Schiff, 2010). Collaborative working has the potential to improve service delivery for the benefit of the clients.

## Participating in a Peered Placement

Working with a peer at the same level of experience can be a rewarding learning experience. It also leads to an improved service to clients. Increasingly health professionals have to work as part of a team and a key mode of learning in practice can be learning from peers. Qualified SLTs also undergo and offer clinical supervision to peers and others and peering is a good preparation for the giving and receiving of constructive feedback. Many students find that being with a peer gives them additional confidence; extends their learning and allows them to work independently sooner than they otherwise might. The success of a peered placement depends on all participants being willing to work in partnership and co-operate in the interests of the service users. Students must be willing to learn from each other as well as their educator and to offer constructive feedback to each other. Students are usually expected (unless your educator specifically asks for individual work) to work together throughout placement; engaging in case discussions; preparing material and planning although their university assessment information should be prepared separately. Students will develop their skills in different ways and will have different skills so students can expect that their individual assessments may be different at the end of placement. Students are encouraged to talk to each other about any issues that arise or seek support via their personal tutors.

## Managing a peered placement.

Peer placements can provide a satisfying learning opportunity for student and educator and have advantages to educators in giving students confidence; increase the learning opportunity; and improve the quality of work; students can be asked to carry out independent task together as well as allowing educators more time as students can carry out peer discussion and feedback. Some services find that organising student placements that allow for a student to have some experience as a singleton and then join with other students to run groups or carry out independent activities can be of benefit to both students and service.

The following is advice for successful peered placements from educators experienced in taking peers for those new educators new to considering this for the first time;

* Offer opportunities for students to observe you working (either individually or in pairs) For instance one student can write up their observations whilst the other observes the educator.
* Expect students to work and plan together. Students can be asked for individual work if necessary to student evaluation. Later in placement it can be helpful to give students different tasks and ask them to evaluate and share their results with each other.
* Enable them to give constructive advice and feedback to each other
* Give feedback to the as a pair but also individually and try not to overtly compare their progress, although allowing them to identify good practice in each other’s work is constructive. Students will progress differently and will exhibit differing areas of strength and development need.
* Make individual assessments of the students at the end of their placement ( some issues that arise with peered placements arise as a result of the student feeling that they might not be fairly assessed as their educator will not ‘know them’ well enough if placed with another student)
* Enable students to be able to speak to you individually if necessary.

## Second year students peered with 4th years

## Each second year student will have a 4th year student allocated to them to support them through the first term of their placement experience. Usually this 4th year peer is not on placement with them, but will meet them three times at the university to give them university-based tutorials and support during their first term of placement. The content of these tutorials is dependent on 2nd year preference but may include; help contacting their placement, practicing assessments or having advice on theory or preparation for placement. Sometimes these tutorials can be carried out in groups or over the internet if necessary. Second year students must engage in these tutorials and take advantage of the opportunity offered by this support and also because 4th years must collect feedback from their 2nd year peers as part of their university clinical practice assessment. Some 2nd year students will be peered with a 4th year on placement. In such a case the 4th year will usually be responsible for some of the supervision of the 2nd year and as such will not be required to offer additional tutorials outside of the placement.

# SUMMARY OF SECOND YEAR CLINICAL PRACTICE ASSESSMENT

# STUDENT ASSESSMENT

Assessment has a number of functions for practice education. By the end of the programme students must achieve the potential to meet the HCPC Standards of Proficiency for professional practice, however along the path to this goal in earlier placements it can;

* Helps to guide and motivate the student to learn
* Monitor and record the progression of the student’s clinical and professional skills
* Encouragement self -assessment and reflective practice
* Identify goals for the student to focus on in their next clinical placement

It is important that the final assessment for the student comes at the end of the placement and takes account of the progress made and the student’s response to the feedback given. Educators and students are advised to be familiar with the assessment outcomes prior to the start of placement and refer to this as part of the ongoing feedback sessions. Although the final assessment comes at the end of placement evaluation of a student’s progress is ongoing and used formatively throughout to guide the student development. Practice placements give opportunities to sample the student’s behaviour and monitor their progress.

## PRACTICE EDUCATOR ASSESSMENT

Educators are asked to have an ongoing dialogue with students about their progress and not to wait until the half way review and final assessment points before discussing their progress with them. Students can be asked to consider the outcomes on their assessment form ahead of their half way review and final assessment and compare their perceptions with those of their practice educator.

**Concerns about student progress**

## If there are concerns about a student’s performance or progress educators should immediately take action by;

## Discussing concerns with the student and jointly agreeing a plan of action to address the issues. Discuss the issues with any other educators involved with the placement

## Contacting their service placement coordinator who can support or advise

## Contacting the Clinical Education Lead at the university for advice and keeping the university informed of the progress of the student, and to alert them if the student is likely to fail*.*

A practice educator may wish to simply alert the university that an issue has been raised and outline steps have been taken to address it.

**Assessment**

The Practice Educator Assessment report has two functions; as a formal half way review of progress carried out at the end of term 1 which also includes an assessment of professional and interaction skills, and as a final summative assessment using all of the outcomes at the end of placement.

**End of Term 1- HALF WAY**

The Half Way Review of progress is carried out by reviewing a student’s progress against all of the learning outcomes in the Practice Educator Assessment report (PEA).

**The Process**

1. At the end of term 1 of placement, practice educators are required to consider all of the learning outcomes on the half way review of progress form with their students and make comments about their progress.
2. Educators are also asked to select a Satisfactory, Developing or Unsatisfactory for Outcome 1 (please note that students must achieve at least Satisfactory or Developing at the half way point in order to proceed)

It is hoped that this process will allow for a discussion of student progress and form the basis of an explicit and individualised set of learning objectives for the second half of placement which can then be monitored. It also ensures that students are aware of what is expected of them whilst there is sufficient time to tackle the issues raised and to seek support from the university if necessary.

1. Following the review student and educators are asked to complete the ALERT FORM giving a brief outline of the agreed steps for the student’s development aims for term 2 of placement. Educators are also asked to select a banding of Red, Amber or Green to alert the university to the level of student progress and to aid early identification of any additional help needed. See Practice Educator Assessment report for further information. The educator then returns the Alert form to the university in the envelope provided.

**PLEASE RETURN ONLY THE ALERT FORM AT THIS STAGE**

**Providing the evidence**

It is important that students bring evidence of their progress to their half way review of progress such as their placement log, intervention plans etc. Practice educators are also asked to cite specific examples from their observations of the student, or supporting information such as intervention plans to explain their decisions so that students can identify areas for improvement.

**Students must continue to make progress throughout the entire placement period in order to pass. Whilst it is hoped that the review comes at a point in placement which allows time for students to make the necessary progress, students must be aware that failure to make the required degree of progress are at risk of failing the placement whether the indication is green, amber or red at the half way review point.**

**End of term 2**

## FINAL SUMMATIVE ASSESSMENT and GRADING

At the end of placement, educators are asked to consider all of the 10 Learning Outcomes on the PEA and grade the student.

**Please note**

* In order to pass the placement the student must score at least **PASS** for each applicable outcome on the PEA.
* With regard to levels at a PASS and above, it is assumed that the student will have met the requirements of the previous bands.
* Educators who have not observed the student for any one of the outcomes can choose ‘NOT APPLICABLE’ (NA) for that outcome without disadvantaging the student.
* The levels given cover the entire ability range demonstrated by students at this level of their training. We would expect a spread of marks across students with the majority of students being within the middle band of marks with some students achieving the top and lower level of marks.
* The very highest banding should be reserved for exceptional students who exceed expectations in all areas

**Overall rating**

Educators are also asked to give an overall rating for the student based upon the educators judgment of the student performance of over the whole placement, giving due recognition to improvements over the placement period. This may reflect a qualitative judgment by the practice educators not captured by the other stated learning outcomes. Students must gain an overall PASS in this section to pass the placement.

**Signing the PEA form**

It is expected that students will be fully involved in the assessment process and will have been consulted on their opinion, and provided evidence of, their progress at all stages. However the final decision as to the grade lies with the practice educator and, although both student and educator should sign the PEA to ensure that students have seen the report, no agreement on the part of the student is implied

**Returning the PEA form**

PEA forms should be completed and given/or posted to the student as soon as possible after the end of the placement. This will ensure that the student is able to see and photocopy the form before it is handed in. **Students must note that it is important for them to photocopy the completed version of the form to maintain their own record of development**. The PEA forms are not returned to students but kept as a record of student progress for reference when tutors provide references for employment. Students are responsible for returning the PEA to the SAC at the university for the attention of the Clinical Education Lead. Please let Nicola Johnson know if it has to be posted to the university for any reason.

**Lead educators are asked to return one assessment booklet only wherever possible which combines the views of all educators involved with the placement**

**INFORMATION FOR STUDENTS ONLY – DYSPHAGIA PLACEMENT ASSESSMENT**

(requires no action by educators taking students on weekly clinical placement)

Students please note that you will be expected to attain a pass on your 2 day dysphagia placement and this will contribute to Outcome 1 on the PEA.

# UNIVERSITY ASSESSMENT

## Preparing for a case presentation- information and tasks

The purposes of the university assessment are:

* to evaluate the students developing understanding of clinical reasoning
* to evaluate the students developing understanding of a link from theory to practice.

Particularly with this assignment tutors will also be evaluating a student’s ability to:

* understand of the purpose and process of an assessment procedure ( for instance why a formal v. informal or observational or learning from therapy method may be considered appropriate)
* describe and analyse the data gathered and present findings
* interpret the data from the given assessment and see how this contributes to the other information about the client as a whole
* to generate sensible hypotheses about the client’s condition, clinical description or diagnosis
* draw sensible conclusions based on the evidence as a whole
* identify the consequences of the ‘assessment’ data for future decisions for their client
* reflect on placement experience for the benefit of their client and their own development
* report their evaluation orally and in writing

## What is needed for the university assessment from placement?

We ask, near the end of term 2:

1. That the student be allowed to identify one client and collect data on this client to inform a case presentation at university. Typically a client would be identified during the second term of their placement, in consultation with their practice educator. The client should be someone with whom the student has had the opportunity to observe, assess, or work directly or indirectly in the care of this client. It is recognised that there are some occasions where the assessment may be best completed by a carer or parent. Students will use the data gathered to write a detailed case presentation plan.
2. That the student be involved in some form of client assessment/data collection/ therapy with this identified client which contributes to an understanding of a chosen client’s communication abilities and difficulties.( please see suggested options below)
3. **Consent**. That the student gain consent for use of the client information to be used for the purpose of this assessment. There is a form given on Blackboard or in the Practice Guide Appendix 6. **Students must submit this consent form in a sealed envelope when submitting their case presentation paperwork**. Please see also Appendix 6for a letter explaining the purpose and process of the case presentation for parents or carers. Alternatively practice educators may complete the form given in Appendix 7 or email [the](mailto:dhunt@dmu.ac.uk) university confirming that the client presented is a genuine client within their service and that the student has consent to collect this data. Students must submit this form with their case presentation paperwork in a sealed envelope.

Whilst we ask that students contribute to the data collection around one client for their assessment we would encourage educators to allow students to be involved in data collection and assessment and intervention throughout their placement, in order to develop their clinical skills.

Students will use the data collected to prepare an assignment on their ‘case’ using the guidance given in the ‘Case Presentation’ handbook and present this during a viva at university. Students should also refer to SALT2002 for teaching and learning to support this module.

## Suggestions for assessment activities

This data collection can be interpreted broadly to suit the particular clinical context and the point of the client’s care pathway

It could be any of the following;

* A formal assessment (or part of an assessment).
* Informal assessment of one or more element or baseline measure. For instance single word comprehension, oro-motor assessment, establishing a baseline of sound production prior to therapy, bedside assessment for eating, drinking and swallowing. Students may design this assessment or use material available.
* Therapy. Information gathered during any routine therapy session where measurement of a client’s performance during therapy or in a therapy task establishes areas of competence on the task. Students must have a clear protocol for collection of this data. For instance if semantic cuing is used to support word finding students must have clear ideas about which words are presented, in which format, how regular the cues, and record the client’s responses so that accurate data can be recorded.
* Observational checklists. The student may be asked to design (or use commercial material) a checklist that covers one or more elements of a client’s communication difficulty. This may be used with an individual or a group or to evaluate the communication potential of an environment such as a classroom or care home.
* Evaluating a client’s ability to use AAC. This may be to contribute to an initial assessment to see if the client is suitable for AAC or an evaluation of the success of communication using the device.
* Gathering information via a case history or information from a teacher, carer etc.

Notes

* Students may in involved in the activity with a client that they are seeing for the first time or for one who is seen regularly
* Students who are working in groups. Students are advised to focus on one client, although it is possible to consider the value of the activities planned for a group as a whole whilst concentrating particularly on the responses of the chosen client.
* Students working as peers. Students should, wherever possible, choose a separate client. However if this is not possible, students should assess different elements of the same client if appropriate to the situation.

# PROGRESSION REQUIREMENTS

Students are required to pass both Practice Educator Assessment report and the University Tutor Assessment report, which is completed after the case presentation viva, in order to proceed with their course. Students learn at different rates and situations do arise where an additional placement may be necessary in order for a student to develop their skills sufficiently for them to pass the assessments and proceed to the next stage with confidence.

* **Students who are graded unsatisfactory for Outcomes 1**, at the half way review of progress at the end of term 1 will be set specific targets outlining what is expected of them in order for them to pass during the second half of placement. This will include a time frame for expected improvement. Where progress is then satisfactory the assessment will proceed in the usual way. If however, there are serious concerns following the first term and/or insufficient progress is seen in term 2, students may need to undertake a further placement in order to allow them to achieve the necessary standard before progressing into the next 10 weeks of placement. There may occasionally be cases where a student’s personal or professional development is deemed too unsatisfactory to continue with placement and, in such cases; the placement may be suspended until this can be fully investigated. This may involve a ‘Fitness to Practice’ investigation.
* **Students who fail their final Practice Educator Assessment (PEA) report** will need to undertake a further period of supervised placement. The length of re-sit placement is dependent, both on the student need, and recommendations of their practice educator. However it is usually recommended that student complete a further 10 to 20 days depending on need. If concerns are raised with regard to a student’s personal or professional development this will be investigated before the student will be considered for a further placement. This may involve a ‘Fitness to Practice’ investigation.
* **Students who fail their University Tutor report (UTA)** Students will attend a series of group teaching sessions designed to support a student’s development of clinical reasoning. At the end of the teaching period students will prepare a case study based on a video and client data.
* In exceptional circumstances and where it is considered that the student’s learning will benefit from further clinical practice students may be required to undertake a further period of supervised placement in order to gain further experience and in order to prepare a further case study. In such cases students are expected to take full part in the placement experience as opportunities are not offered just for the purposes of student re-assessment.

The clinical education lead, in consultation with the marking tutor and external examiner, following a review of the student’s work will consider the option which will give the student the most learning support.

(Students failing their dysphagia placement will undertake a further placement. Problems arising on any personal and professional issues will be investigated before a student can be considered for any re-sit placement)

## RE-SIT ARRANGEMENTS

Students please note that re-sit placements are typically arranged during the university summer holiday period to allow for students to be able to proceed into the following year of the course. Students must be aware that placements during this period cannot be guaranteed. Students need to be flexible around these arrangements as the timings and structure of these placements is dependent on the availability of placement opportunities during a period where service and university staff take annual leave. Occasionally students will have to interrupt their studies for a year whilst arrangements can be made for a re-sit placement; especially where the student’s learning needs require a very high level of supervision. In compliance with the RCSLT National Standards for Practice Based Learning (2006) educators will be informed that the student is undertaking a re-sit and will be given information about the student’s particular learning needs.

# Appendix 1

# STUDENT LEARNING PROFILE

|  |  |
| --- | --- |
| **First year**  **• Medical Sciences**  **• Applied Linguistics and English Grammar**  **• Introduction to Phonetics and Phonology**  **• Personal and Professional Development (1)**   * + **Introduction to Research Methods**   + **Communication Disability**   **• Foundation Placements**  **• Lifespan and Communication Development** | **Second year**  **• Medical Sciences for Intervention**  **• Personal and Professional Development (2)**  **• Acoustics for Speech and Hearing**  **• Clinical Linguistic Assessments**  **• Psychology for Speech and Language Therapists**  **• Clinical Practice**  **• Intervention for Speech and Language Therapy (1)** |
| **Third year**  **• Personal and Professional Development (3)**  **• Research for Speech and Language Therapists (Project Part 1)**  **• Language Use in Social and Clinical Contexts**  **• Clinical Practice**  **• Intervention for Speech and Language Therapy (2)** | **Fourth year**  **• Clinical Practice**  **• Personal and Professional Development (4)**  **• Speech and Language Therapy (Project Part 2)** |

Level 2 students (Second year) Learning completed in first year:

* Early years placement
* Interviewing families
* Later years placement /ALD
* School placement
* Inter Professional Education workshop ‘Looking at Communication’ which is conducted by service users
* Language development: pre-intentional onwards
* Language analysis; simple clause and phrase level, word classes, semantic and pragmatic theory
* Oral development and babble
* Development of self esteem
* Lifespan psychology; attachment, learning theories, personality, aging, etc.
* Personal and professional development, interpersonal skills. Study skills, context of practice
* International Classification of Functioning (ICF)
* Observation and recording
* Introduction to communication difficulties via case studies
* Introduction to clinical reasoning
* Theory of phonetic and phonemic transcription
* Phonological awareness
* Observation and recording
* Eating and drinking; In the first year students learn the anatomy and physiology related to swallowing, introduction to oral development and its relationship to eating and vocalisation, a session on oral assessment and a 1 hour workshop on dysphagia awareness,(similar to the information given to care staff in a school/home etc.).

Level 2 learning alongside placements

Level 2 students continue to study new topics throughout level 2 alongside placements so their understanding will develop throughout the year.

* + Assessment in children and adults and looking at common assessments process and procedure including advantages and limitations
  + Dynamic assessment
  + Analysis of results leading to hypothesis testing
  + Comprehension difficulties and assessment
  + Levels of attention
* Classifications of communication disorders
  + Working in Early Years/ disadvantage and language development
  + Principles of Intervention
  + Models of intervention for speech difficulties, Grunwell, Shriberg, Bowen, linguisitic approaches, pyscholinguistics (Stackhouse and Wells)
  + Speech intervention: Maximal and minimal pairs, auditory bombardment
  + Specialist topics- introduction to; autism, SLI , Learning difficulties , working with adolescents
* Dysphagia placement: In second year they learn about the normal swallow and difficulties with eating, drinking and swallowing/dysphagia; the assessment of swallowing and cognitive/behavioural aspects of eating and drinking.
* Dysphagia placement ( 2 days )
* Inter-professional events; ‘Listening Workshop’ led by service users and a joint event with Health Visitors
* PPD Understanding and working towards SoPs
* Clinical Reasoning Case studies- using aspects of Problem Based Learning
* Phonetics extipa – disordered speech symbols and examples of occurrence.
* Airstream mechanisms, analysis from multi-syllable to phrase level
* Phonological analysis and implications (common patterns) STAP, PACS, DEEP
* Aphasia; Localisation, Living with Aphasia, and Cog-neuro model
* Screening assessment, comprehension and expression – common methods and tests in aphasia
* Introduction to dementia
* Dysarthria: presentations and how to relate the different neuroanatomical; physiological subsystems that can be affected: psychosocial impact of dysarthria and its assessment: conversation analysis in dysarthria

**What to expect in level 2 placements**

* Students are new to speech and language therapy practice
* They have some experience of interacting with service users but this is limited
* They have practiced observational skills
* They have studied developmental norms and the speech chain for communication and speech and should start to use this in observing clients
* They are learning the clinical tools e.g. the intervention module alongside practice and can start to apply this to data collection, assessment and intervention planning for ‘familiar clients or situations.
* By the end of the year you would expect basic clinic competence with

support

Level 3 students (Third year):

Level 3 students attend their block placement after most of the Level 3 teaching

* Dysphagia: 3rd year Intervention teaching does not just focus on therapy, but management as a whole
* Eating and drinking in Dementia and ALD covered separately
* Ethics teaching in relation to dysphagia
* Neurology
* Specialist teaching: dysfluency, visual impairment, adult learning difficulties, mental health, head and neck, TBI, voice
* Apraxia in adults
* Aphasia: word finding and sentence processing
* Outcome Measures
* Dysarthria: general approaches e.g. Rosenbek's principles evidence for interventions - e.g. LSVT vs non-speech oromotor exercises, principles of motor learning, contrastive drilling, effects of supplementing techniques such as cueing techniques, rate control and other prosodic modifications intervening for interactional consequences of dysarthria - improving communicative effectiveness
* SoP -evidencing competency
* Research methods leading to Part 1 student dissertation project
* Speech disorders revision and Childhood Apraxia of Speech
* Inter-professional Education event– Education workshop with teachers, social workers

**What to expect in level 3 placements**

* By the level 3 placement students have studied most of the theory they will cover
* They should be taking responsibility for their own learning
* They may not study all topics in depth but they should have skills for researching unfamiliar topics
* Have studied the main theory – but only had practice of applying in one area
* Need to recognise and apply the generic clinical skills
* Be prepared to have a go and have a small independent caseload by the end – depending on setting
* By the end of the placement students should be working towards independent functioning but still needing support with the broader context e.g. different models of service delivery

Level 4 (Final year):

By the time students come out to you on placement they will have completed their:

* 2 placements: second and third year block placement
* All intervention teaching
* All linguistics, phonetics and phonology teaching
* All theoretical learning but need help to apply this

Alongside placement they will be doing their:

* Dissertation part 2
* Final PPD module – portfolio of evidence using HCPC SoP
* Peer tutoring second years as they begin their placement programme
* Training other student year groups in a given theoretical area

**What to expect at level 4 placements**

* These students have completed all new theoretical learning
* They are working on a portfolio to demonstrate that they can meet HCPC Standards of Proficiency
* At the end of the final term they should be ready to register “although students may only have practised under supervision and not independently educators must be confident that they can meet the standards of proficiency when they work without a supervisor”
* They should be working towards supported autonomy but are still students and will benefit from feedback and encouragement

# Appendix 2

# CONFIDENTIALITY

Students are responsible for ensuring that their work meets the required standards of confidentiality. These guidelines apply to all written, verbal and digitally reported information on the course.

**Principles**

* People should not be identifiable from the information in any information held by a student. This applies to service users, their family and friends, staff and fellow students. Reference to people must therefore be modified to ensure that this is the case.
* Information can sometimes go astray. If in doubt, work on the basis that a report might be found by a member of the public. Similarly conversations about service users, colleagues, and work settings can be overheard.

**Practice**

* Do not refer to people by name or their initials. Use an appropriate pseudonym and state that this is the case early in the report.
* Do not refer to places by name, abbreviation or initials. Use a description instead. This applies to clinical settings, placement, workplace details, geographical areas, home addresses. For example you could write ‘a nursery in a rural setting’ rather than ‘Wildcat’s Nursery in Billhampton’
* Do not include dates of birth. You can include chronological age CA: 4;03
* Consider whether the sum of the information recorded (e.g. a rare condition, an unusual history, a distinguishing physical characteristic, an unusual job) might be enough to identify a service user or colleague.
* Be responsible for your belongings when carrying anything which contains sensitive materials. In particular this refers to transportation of digitally recorded data and consent forms acquired whilst on placement.
* Consent forms for video/ audio recordings must be stored, transported, and handed in contained in a sealed envelope
* Where possible use password and encrypted data sticks. Do not save any digital recordings on personal cameras, computers/smart phones and do not take extra copies of recordings for yourself.
* .Do not take any material/documents with service user information away from placement. This includes assessment forms.
* Video or audio recordings must only be used with due regard for the permission that has been given. DVDs or audio recordings must be viewed by the student in private and not shared with anyone not identified on the consent form.
* Identifying information must be removed from document effectively. Ideally information should be blocked by plain paper when photocopied or cut from the document. However if you use a black marker pen to cross out identifiable information ensure that the crossing out is made on both sides of the paper and ensure that information cannot be read when the paper is turned to the light.
* For some assignments you will be required to complete and submit a confidentiality checklist along with assignments. *All breaches of confidentiality in coursework are taken seriously and will result in reduced marks or even failed work. It is your responsibility to understand the issues and follow the guidance.*
* Do not discuss sensitive information regarding service users, colleagues, placement settings with anyone unless required to do so in relation to your learning on the course. If you do refer to such information then be aware of the setting, ensure that you cannot be overheard and consider how your comments might reflect on you and the health profession as a whole. It is inappropriate to make personal or derogatory comments about service users, fellow students or other health care professionals even if you are confident that you will not breach confidentiality. This applies to all interactions that you may have with colleagues (including on social networking sites).

For more information refer to:

* Communicating Quality 3 Guidance on Best Practice in Service Organisation and Provision (Royal College of Speech and Language Therapists, 2006). Section 1.76 <http://www.rcslt.org/speech_and_language_therapy/standards/CQ3_pdf>
* HCPC Confidentiality – guidance for registrants (HCPC, 2012) <http://www.hpc-uk.org/assets/documents/100023F1GuidanceonconfidentialityFINAL.pdf>

**De Montfort University**

**Speech and Language Therapy (SLT) Programme**

Confidentiality

As speech and language therapy students you are expected to maintain the highest standards of professional behaviour and fulfill your legal and professional obligations with regards to patient confidentiality. Your assignments may contain sensitive information particularly if they refer to placement events.

You must always remove patient identifiable data from your work and consider whether the sum of the information recorded (e.g. a rare condition, an unusual history, a distinguishing physical characteristic) might be enough to identify a service user or colleagues.

By submitting this sheet with the assignment you are agreeing that you have done the following:

You have checked your work carefully and are confident that there are **NO** breaches of confidentiality

The assignment contains:

* **No** identifying information for *any* people/places/buildings/workplaces
* **All** names and places coded to ensure anonymity
* **No** date of births
* Pseudonyms clearly stated as such.
* **No** documents from placement

In relation to this assignment and related University work you agree that:

* You have no documents from placement in your possession
* You have no copies of any document/video/audio recording containing client data
* You have no digital files containing client date stored on a PC/lap top/Smartphone
* You have stored this information securely, and no unauthorised individual has been allowed to view/listen to this material

You understand that:

* Should my work breach confidentiality my mark will be capped or will be deemed a fail (see specific guidance for individual modules).
* Breaches of confidentiality where client data is compromised will be deemed an

issue for investigation under the heading of Fitness to Practice

* Consent forms will be stored and presented in a SEALED envelope

**Student number:** Date:

Module Code & assignment title:

*Submit this completed form as the first page of your assignment*

# Appendix 5

# PLACEMENT LOG

|  |  |
| --- | --- |
| **Diary Sheet** *Students may select their own headings as appropriate, but should include feedback from Clinical Educator and any action or preparation agreed*. | **Date** |
| Observations | |
| What have I learned today?  What might I do differently next time in a similar situation?  What knowledge and skills are necessary and what might be need? | |
| Feedback given | |
| Actions agreed | |
| Sign: Educator | |
| Sign: Student: | |

|  |  |
| --- | --- |
| Student Personal Learning Objectives  *Please complete this and share with your educator at the start of placement/ compulsory form* | |
| Objective | Steps to achieving this? |
| 1. |  |
| 2. |  |
| 3.  . |  |
| 4. |  |
| Student evaluation | |
| Educator evaluation | |

**REFLECTION FORM**

**Client initials:**

**Date:**

*Note: Review the aims and reasons for your actions/plan during the session prior to evaluation***.**

*Three things I did well in this session:*

*1.*

2.

3.

*Two things thing I would like to change for the client or improve my skills on:*

*1.*

*2.*

*What actions will I take to ensure this change or improvement occurs:*

**Session Plan**

|  |  |
| --- | --- |
| Student:  Setting:  Therapy participants:  Date: | Client:  Age:  Length of session:  Session Number |
| **EPISODE OF CARE AIMS** | **Rationale** |
| **SESSION Aims ( SMART or baseline)** | |
| **RATIONALE FOR SELECTION OF AIMS** | |
| **ACTIVITIES** | |
| **MATERIALS /METHOD** | |
| **PLANNED MODIFICATIONS** (e*asier or harder for the client)* | |
| **SHARING INFORMATION/ADVICE***(how will I explain or advise parent/ carer based on this session)* | |
| **NEXT STEPS**./**ACTION PLAN** *( Client and self)*  *.* | |

**Observation Checklist**

*These are suggested headings only*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Who is involved?** | |  | | | | |
| **Where is the session taking place?** | |  | | | | |
| **Date:** | |  | | | | |
| **What do you think the aims of the session are?** | **How do you think the SALT achieved these aims?**  **What techniques did the therapist use?**  **One action that the SLT might consider next time?** | | **Did the SLT increase or decrease complexity of the activities? If so, how and why?**  **How did the SLT give praise? Did this help the client?** | **Client observations**  **What is the main way this client communicates?**  **Which sounds are still a problem**?  **Which activities engaged the client, which distracted?** | **Questions to ask later** |
|  |  | |  |  |  |

## Client Observation Areas:

## *Cognitive Skills* *Motor Skills*

**- attention - gross**

**- listening - fine**

**- memory - co-ordination**

**- concentration span - muscle tone**

**- problem solving**

**- speed of processing *Overall Presentation***

**- learning**

**- non verbal understanding *Personality***

**- spatial awareness/neglect - stability of mood/lability**

**- self-esteem**

***Speech -* awareness of difficulties**

**(including phonetic transcription) - responsiveness**

**- overall clarity**

**- prosody *Overall Communicative Ability***

**- vocal quality - non-verbal communication**

**- pragmatic skills**

* **conversational abilities**
* **motivation to communicate**

***Receptive Language***

**- verbal vs non-verbal understanding**

**- morphology/syntax**

**- semantics *Interaction***

**- pragmatics/discourse - with carers/parent/spouse**

**- functional understanding - with peers/clinician**

***Expressive Language* (including transcription)**

**- phonology *Play***

**- morphology/syntax - symbolic development**

**- semantics - word finding/vocab - social developmental level**

**- pragmatics/discourse - spontaneity**

**- variability**

***Response to therapy tasks:***

**- willingness/effort**

**- motivation**

**- ease of attainment**

**Session Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEVEL \_\_\_\_** | | | |
| **Clinical setting** | **Service** | **Sessions** | **Cancellations**  **(and reasons)** |
|  |  |  |  |

# Appendix 4

# DMU Student/ Practice Educator Feedback Agreement (*optional form)*

*Please discuss with students the opportunities available to them on the placement and how the placement learning outcomes will normally be met; and any adaptations that are necessary to meet the learning outcomes. Students should share their interests and level of confidence. (This form must be seen in conjunction with placement learning outcomes, placement guide and assessment information)*

*Please return a copy of this information in the PEA at the end of placement.*

**This agreement is subject to review as placement progresses, (please date any changes)**

1. **Expectations of Student** *(special arrangements, format and frequency of written plans, degree and timeliness of preparation, independence required etc.)*
2. **Will expectations vary across placement from the early to late stages?**
3. **How supervision and feedback will normally be arranged**
4. **Anything that you would like take into consideration (student or educator)?**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Clinical Educator** | **Date:** |
| **Student** | **Date:** |

**EXAMPLE COMPLETED** *(guidance only)*

**DMU Student/ Practice educator Feedback Agreement**

*Please discuss with students the opportunities available to them on the placement and how the placement learning outcomes will normally be met; and any adaptations that are necessary to meet the learning outcomes. Students should share their interests and level of confidence. (This form must be seen in conjunction with placement learning outcomes, placement guide and assessment information)*

*Please return a copy of this information in the PEA at the end of the placement*

**This agreement is subject to review as placement progresses, (please date any changes)**

1. **Expectations of student** (special arrangements, format and frequency of written plans, degree and timeliness of preparation, independence required etc.)

*It is really vital that you arrive at 8.45 a.m. on Tuesdays as the school starts at 9.00 and we have to get there and if we are late we would miss time to see all of the children*

*Bring written reflections to supervision sessions*

*Written outline of any activity given responsibility for, but can be in bullet points. Should always include rationale- we will review how this goes and see how much information is enough*

*Expected to answer telephone and take turns with coffee making. We can talk about how to take messages.*

1. **Will expectations vary across placement from the early to late stages?**

*The early stages will involve observation and joining in with programmes that I have planned for the client. We will work towards you taking a case history, starting with you researching some questions that would be helpful for collecting information from this client group. We will work on how to look at informal assessment and I will ask you to think of an assessment for an aspect with one of the children. By the middle of placement I expect you to have researched the pre-school CELF as you will be carrying one out this assessment later in placement. By the end we will aim for you to be planning and working with for two clients with my help*

**How supervision and feedback will normally be arranged**

*Usually ongoing feedback throughout day- after each client. We will have some planned sessions when you are up and running.*

1. **Anything that you would like taken into consideration (student or educator)?**

*Would benefit from time to collect thoughts before supervision sessions but prefer to have hands on experience. Educator leaves early on Wednesday and student can use time for planning and use of resources*

|  |  |
| --- | --- |
| **Signed:** |  |
| **Clinical Educator** | **Date:** |
| **Student** | **Date:** |

# Appendix 6

# C**ase presentation information for clients, parents, carers or relatives**



Thank you very much for allowing our student to use your information or that of your child or relative. I hope the following will be helpful in giving you information about the purpose of this and reassure you of the process which keeps this information confidential.

**What is the reason for collecting information from a case?**

The aim of the collection of case information that Speech and Language Therapy students are asked to carry out during placement is to allow university tutors to assess the developing skills of each student. Students will use the information collected to write and present to an HCPC registered clinical tutor their understanding of the case. We particularly look at how well the student is able to understand the information and how well they are developing their ability to make decisions about the best course of action to help their clients to develop their communication skills. This is to ensure that students who qualify as Speech and Language Therapists achieve the right level of skill and knowledge. We find that using real information from real clients is the best way for students to understand all of the many things that need to be taken into consideration and the best decisions that can be made.

**What do students need to do?**

Students must gain the consent of the client (or carer/parent if more appropriate) and complete a form which must be signed by the client /carer. They then collect information about the client and their progress and the students then prepare a written case history for their university assignment. The student may also be involved in working with you/ your relative in some capacity, for assessment or therapy activities.

**Is this information going to be kept confidential?**

The information collected will be kept completely confidential and no identifying information will be used in their case preparation. Students will record the information they collect under a ‘false’ name. The consent form that is signed by you is stored in a sealed envelope and is destroyed once the tutor at the university has seen the consent. All staff involved in this process are qualified Speech and Language Therapists and are registered with the Health and Care Professionals Council and abide by strict rules of confidentiality. These rules are also understood by, and apply to student Speech and Language Therapists.

If you need any further information please contact

Debbie Hunt,

Speech and Language Therapist/Clinical Education Lead

Telephone: 0116 207 8752

e-mail:[dhunt@dmu.ac.uk](mailto:dhunt@dmu.ac.uk)



**Consent for Client data to be used for Speech and Language Therapy student assessment**

**For the purposes of Speech and Language Therapy student assessments only**.

**Date consent gained**

Student Name:

Supervising Clinician:

Client Name:

Date of Birth:

The supervising Clinician has explained the purpose of the collection of this data which I understand will be used solely for the above named student’s assignment. No identifying information will be used in the assignment. The consent form will be destroyed once it has been seen by the university tutor.

Carers Signature: Date:

Students Signature: Date:

Witnessed: Clinicians Signature: Date:



**Confirmation of case to be used for Speech and Language Therapy student assessments**

**Date**

Student Name:

Supervising Clinician:

Client Initials:

Date of Birth:

I confirm that the client data used for this case presentation is from a genuine client within this service and that the student has service consent to collect this data. I have confirmed with the student that all data must be stored confidentially and no data that could identify this patient is removed from placement.

Practice educator Signature Date:

# Appendix 7

# Dear Second Year Students 2017 to 2018

Here is our advice from us to you. This has not been edited!

Relax – they don’t need you to know everything

Look forward to it- you will enjoy it

Don’t be nervous –its fab

This is the first placement that makes you feel what you are really here for

Get stuck in – educators really liked that I was willing to try things

When in doubt ask questions

Get to know some of the main assessments and what they assess

Know your IPE and get ready for transcription

Offer to do everyday tasks, photocopy or make the tea – it makes you part of the team

Have everything prepared before you go

If you have done some reading around topics then show this off as it shows you are making the most of the learning opportunities

Ask to shadow different therapists that specialise in different areas

Practice your assessments for your placement before you go out- know a few

Plan sessions thoroughly – use bright colourful resources – buy a laminator

Know your normal developmental milestones

Understand (and have readily available) a list of when speech processes are normally suppressed

Don’t be afraid to have a dummy run with your clinical educator before running a session

It’s O.K to be a student; take notes, stand back and reflect –it’s necessary

There will be times when your confidence dips – but keep going

Read up on the theory for your client group

Take very opportunity that is open to you, if you are just sitting in the office then grab a book, it makes you look keen!

Make sure you do your diary sheets otherwise it’s easy to forget your experiences. Do them thoroughly and don’t understate your learning. Every night is good.

Make sure that your practice educator has all the forms that need filling in

Educators like you to ask questions

Constantly observe and listen to everything being said or done- even listening to their discussion over lunch breaks are a learning experience

Have the confidence to try – it doesn’t matter if you get things wrong. Even mistakes are learning opportunities

Carry a notebook at all times. Write down the things on each placement day and what the clinician has discussed with you

Bring lunch on the first day at least!

Make sure you can say at least something about your client group in case your clinician asks you

Smile and look enthusiastic even if you don’t feel like it

Prepare, winging it doesn’t work

Hire a car if you can afford it so that you can get to all the learning opportunities

Be prepared for a clinician that is very different to the lecturers you are used to but work with them and show your potential

Respect everyone you meet on placement

Be punctual

Do a trial run to placement – it cuts down on the stress of knowing where you are going on the first day

Have a bottle of water handy- its thirsty work

If working with children use the Belinda Buckley book for developmental norms – very useful

If our placement is not perfect -then you can still learn loads

Offer to do something without being asked, I offered to do a RAPT on the first day and my clinician loved me from then on

Send session plans to the clinician before the day –it impresses

Make use of ‘free time’ by looking at case- notes, practice writing case notes or scoring assessments

Be prepared that some things are upsetting on placement, children with severe special needs for instance

Sleep well the night before

Practice transcription out of placement- on the net and in cafes

Be keen and enthusiastic

Show off any independent work-reading that you have done

Plenty of sugar and caffeine- you’ll need energy

For a specialist placement –do your reading- but you’re not expected to know everything

Be organised, it will make your life a lot easier

Get lots of sleep the night before

Eat a massive breakfast

SMILE, things are easier if you’re friendly, or at least pretending your on top form

Be aware that your placement experience could be very different to your classmates

Enjoy it and try to take as much away from it as possible

Make the most of every opportunity and don’t hesitate to get stuck in –it doesn’t matter if it’s not perfect the first time

Read around your client group

Make sure you say thank you on the last day, buy a card

This is a BIG step. Be prepared and keep on top of the work as it gets given to you

If your clinician asks you to do something –do it – they’re asking you to do it because they think you can

When travelling – allow time for delays

Don’t be afraid to ask other members of the MDT team questions ( teachers, nursery nurses etc.)

Try not to take feedback personally – it’s a learning curve – helping you to reflect on your performance

Buy a travel mug for lots of coffee

Good deodorant!

Have fun!

Second years

# Appendix 8

The Role of the Practice Educator

The following is taken from the

The Health and Care Professions (H&CP) Practice Education Guidance 2016. Available from:

<https://www.bda.uk.com/careers/education/h_cp_practice_education> or

[**https://www.rcslt.org/members/pre\_registration\_education/practice\_education\_guidance\_2016**](https://www.rcslt.org/members/pre_registration_education/practice_education_guidance_2016)**.**

The RCSLT, as part of the Health and Care Professions Education Leads Group, and in collaboration with the National Association of Educators in Practice (NAEP) and the Council of Deans in Health (CoDH), has developed Practice Education Guidance (H&CP, 2016).

This guidance states:

It is advised that all practice educators should:

1. Be registered with the HCPC as a health and care professional in the discipline associated with their educational role and the students for whom they have assumed responsibility; (although it is recognised that for some placements this may not apply).

2. Uphold the values of person-centred professionalism;

3. be aware of the policies of the relevant professional body (ideally holding active membership);

4. Understand their roles and responsibilities as a practice educator and be aware of local, national and UK policies and regulations relevant to learners;

5. support and facilitate the learning of others (as appropriate to the workplace) as part of their broader professional role including - students - peers - colleagues from other professions - support workers - unqualified workers - service users and carers;

6. Understand and apply their scope of practice as an educator / facilitator thus ensuring that their knowledge, skills and values remain in line with appropriate evidence base;

7. Take responsibility for acquiring and developing the knowledge, skills and behaviours required to facilitate and support the learning of others;

8. Undertake initial practice educator preparation and training, facilitated by the education provider relevant to the profession;

9. Engage in on-going continuing professional development (CPD) related to practice education;

10. Demonstrate and promote the value of practice education to the care of service users, service delivery and career development.

As a result of initial and on-going education and training, practice educators should be able to:

 provide information to learners about the learning experience offered and to clarify/manage expectations;

 apply knowledge of educational theory to learning and assessment practice, creating level-appropriate, inclusive and empowering learning environments and opportunities;

 actively promote policies and practices that acknowledge different needs of students and learners individually and as a group, demonstrating an inclusive approach;

 promote the visibility of practice education and the role of learners within the health and care professional team, amongst stakeholders;

 actively contribute to the assessment of adequate and safe levels and models of learner supervision;

 understand where practice learning fits with taught components of the programme when working with students;

 promote, facilitate and support self-reflection and peer learning;

 provide a range of opportunities to maximise learning and enable the achievement of directed and self-directed level-appropriate learning outcomes;

 apply and contribute to, where appropriate, various forms and levels of fair, inclusive, sensitive, consistent and robust practice education feedback / feed forward and assessment and involve learners in the process;

 communicate in a skilled and effective manner with students, colleagues, service users and stakeholders to support the facilitation of the programme of learning;

 reflect on and evaluate their role as a practice educator and continually implement improvements;

 evaluate the practice learning environment and formal / informal learning events and implement change based on evidence.

# Appendix 9

**References and Resources for Practice Education**

* The National Association of Educators in Practice (NAEP) is an organization which aims to have a health and social care workforce in which individual practitioners fully understand the value of education for learners, patients, carers and other health care practitioners. They have an interesting conference each year and there is an associated journal the ‘International Journal of Practice-based Learning in Health and Social Care’
* <http://www.clinedaus.org.au/> This is an excellent Clinical Practice website hosted by Health Workforce Australia’s (HWA. but with open access. The portal provides free access to learning resources for clinical educators of allied health students. There are great resources for supporting in-service workshops on practice education**.**

**References**

Bray, M. Ross, A. and Todd, C. (2005) Speech and language clinical process and practice (2nd Ed.) London: Whurr Publications

Brinsdon, J., Kennedy, K., Jenkins J., Wilcox, F. (2007) Supporting Re-sit Students on Placement. RCSLT Bulletin May.

Brumfitt, S. (2004) (ED) Innovations in Professional Education for Speech and Language Therapy.Whurr Publications.

Hattie, J. and Timperley, H. (2007) The power of feedback. Review of Educational Research, 77-78.

HCPC Standards of education and training (2017) http://www.hpc-uk.org/aboutregistration/standards/sets/

Health and Care Professions (2016) Practice Educator Guidance. London: BDA. Also available to download from:

https://www.bda.uk.com/careers/education/h\_cp\_practice\_education

Health Care Professions Council (2014) Standards of Proficiency. London: HCPC.

Also available to download from http://www.HCPCuk.org/assets/documents/10000529Standards\_of\_Proficiency\_SLTs.pdf

Hill, A.E., Davidson, J. & Theodoros, D.G. (2012) Reflections on clinical learning in novice speech-language therapy students. International Journal of Language and Communication Disorders. 47(4), 413-426.

McAllister, L., Paterson, M., Higgs, J., Bithell, E. (Eds) 2010) Innovations in Allied Health Fieldwork Education, A Critical Appraisal. Sense Publications

Reid, J.L. (2014) A guide to clinical placements in SLT. Guildford: J & R Press.

RCSLT (2003) The provision of clinical placements: stakeholder roles and responsibilities. London: RCSLT.

RCSLT (2006) National Standards for Practice-based Learning. London: RCSLT.

RCSLT (2014) Dysphagia Training and Competency Framework. Recommendations for knowledge, skills and competency development across the speech and language therapy profession. London: RCSLT

Roddam, H., Skeat, J., (2010) Embedding Evidence-Based practice in Speech and Language Therapy. International examples. Wiley-Blackwell.

Stewart, J. (2014) Role models as clinicians and educators. Bulletin. January, 18-19

The Quality Assurance Agency for Higher Education (2001).Benchmark Statements for Speech and Language Therapy. Quality Assurance Agency for Higher Education. Gloucester.

Also available to download from http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/SLT.pdf

The Quality Assurance Agency for Higher Education (2008).The Framework for Higher Education Qualifications in England, Wales and Northern Ireland. Quality Assurance Agency for Higher Education. Mansfield.

Also available to down load from http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/FHEQ08.pdf

Welsh, I. (2003) Passing bad students fails us all. Nursing Times 88 (11) March.