Newcastle University

Speech & Language Sciences

Placement Handbook for Students

Speech & Language Sciences Section

School of Education, Communication & Language Sciences

2025-26

1. INTRODUCTION

This document provides an introduction to clinical and professional education, focusing particularly on the clinical placements that are an integral part of the modules. Clinical placements are provided in partnership with local NHS trusts, charities and schools. This document should be read in conjunction with the SLS General Handbook and the specific information on Canvas relevant to your stage of the course.

In relation to the clinical aspects of the programmes, primary staff contacts are:

Director of Clinical Education: Helen Raffell

Room G8 Tel: 208 8763 Email: helen.raffell@ncl.ac.uk

The Director of Clinical Education (DCE) oversees all of the clinical and professional education modules across the programmes, overall clinical learning and progression and fitness to practise. The DCE provides advice and support to practice educators and students during placements. She also liaises with the Occupational Health Service and Student Wellbeing regarding the impact of health and disability issues on placement learning. The DCE oversees all clinical assessment.

Placement Coordinator: Lucinda Somersett

Room 2.01 Tel: 0191 2085196 Email: lucinda.somersett@ncl.ac.uk

The Placement Coordinator (PC) organises all external clinical placements. This includes liaising with placement providers, allocating student placements and monitoring attendance. She is also responsible for managing student placement feedback. The PC oversees the clinical placement tools, including the Clinical Placement Passport and ePortfolio.

Clinical Education Assistant: Bethany Jones

Room: G20 Tel: 208 6377 Email: SLSClinic@ncl.ac.uk

The Clinical Education Assistant oversees all administrative matters and general queries related to the clinical and professional education modules.

Campus Clinic Directors: Jennifer Dodds-Vigouroux (Tavistock Aphasia Centre)
Carol Moxam (Children's Speech and Language Clinic)

The Campus Clinic Directors (CCDs) work together to manage and develop placement provision across the campus clinics. Within each specific campus clinic, the campus clinic directors oversee the organisation and management of the student clinical placement experience,

including clinic specific induction, timetable planning and support for student queries during placement. In addition, the campus clinic directors coordinate client referrals and manage feedback from students. The CCDs are supported by the clinic secretaries, Janet Moss (Tavistock Aphasia Centre) and Jan Holroyd (Children's Speech and Language Clinic).

Our partnership with placement providers is facilitated via two committees involving members of university staff and clinical colleagues:

Student Practical Experience Committee (SPEC) – this committee involves university staff and speech and language therapy service managers or clinical leads. SPEC discusses strategic issues, monitors the curriculum, considers changes to the profession and ensures graduates are appropriately qualified and fit to practise.

Clinical Coordination Committee (CCC) – this committee involves university staff, clinical coordination representatives from services who take students on placements and student representatives. The CCC representatives coordinate student placements in their services. CCC discusses placement learning and reviews policies and documentation about student placements.

Both CCC and SPEC monitor student feedback on placements and think about issues related to the availability and quality of student placements.

2. OVERVIEW OF CLINICAL & PROFESSIONAL EDUCATION

Aims

The clinical and professional education modules have the following aims:

1. To enable students to understand the professional role and responsibilities of a student speech and language therapist.
2. To provide clinical practice that will allow students to demonstrate professionalism and their adherence to the Health and Care Professions Council (HCPC) guidance on Conduct and Ethics for Students.
3. To provide clinical practice that will enable students to experience and understand the role of the speech and language therapist across a range of client groups and in a range of therapeutic contexts.
4. To provide clinical practice that will allow students to implement, under supervision, a case-based management approach, applying theory of assessment and intervention to client management.

In relation to HCPC Standards of Proficiency, the modules provide opportunities for students to demonstrate that they can practise safely and effectively within their scope of practice (1),

practise within legal and ethical boundaries of their profession (2), look after health and wellbeing, seeking appropriate support where necessary (3), practise as an autonomous professional, exercising their own professional judgement (4), recognise the impact of culture, equality and diversity on practice and practise in a non-discriminatory and inclusive manner (5), understand the importance of and maintain confidentiality (6), communicate effectively (7), work appropriately with others (8), maintain records appropriately (9), be able to reflect and review practice (10), assure the quality of their practice (11), draw on appropriate knowledge and skills to inform practice (13), establish and maintain a safe practice environment (14). This requires an understanding of the issues as well as the need to demonstrate the skills. The specific standards included within the taught elements within modules are: 1.3, 2.3, 2.4,3.1-3.4, 5.3, 5.7, 6.1, 6.2, 6.4, 8.3, 12.4, 12.13. There is a focus on developing reflective skills so that they are able to reflect on and review practice, with increased opportunities as students move through the programme to reflect on multi-professional practice and the role of the speech and language therapist in the management of dysphagia. The clinical practice within placements allows students to work with a range of client groups in varied settings and to practise the skill-based competencies covered within the Standards; these are assessed within the clinical evaluation report and include: 1.1, 1.2, 2.1, 2.2, 2.5-2.7, 2.9, 2.10, 4.1, 4.3, 4.4-4.7, 5.1, 6, 6.3, 7.1, 7.4-7.9, 8.1, 8.2, 8.4, 8.5, 8.10-8.12, 9.1-9.3, 10.1, 10.2, 11.1-11.5, 13.1-13.7, 13.12-13.14, 13.16, 13.17, 14.1-14.5.

Format

Clinical and professional education modules (except SPE1055 – please see below) involve a combination of induction sessions, clinical placements and tutorial sessions.

Overview of Clinical Placements

BSc Speech and Language Therapy (BSc) and the Master of Speech and Language Sciences (MSLS)

Table 1 provides an overview of clinical placements.

Clinical and professional education 1 (SPE1055) is an introductory taught module. Initial placements in stage 2 are within the campus clinics. Within the campus based placements, you are supported and closely supervised, with additional peer support as you work together in pairs and small groups. Each student has adult and paediatric experience within the campus clinics. External placements offer opportunities to work in a range of settings (e.g. hospitals, community clinics, schools), for a range of placement providers (e.g. NHS, charities) and with a

wide variety of clients with speech, language and communication and/or swallowing difficulties. Block placements allow in-depth experience of the workplace and a greater understanding of the wider role of the speech and language therapist, as part of multidisciplinary teams and in monitoring and evaluating service provision. Clinical hours (as specified by the Royal College of Speech and Language Therapists) are met via directly supervised placement experience.

Table 1: Overview of Clinical Placements: BSc/MSLS students

Stage	Module	Semester	Clinical Placement Experience
2	SPE2051	1	Half day campus-based placement
		2	Half day campus-based placement
3	SPE3050	1	8 week external block placement (5 days/week)
3	SPE3057 (BSc only)	3	8 week external block placement (5 days/week)
4	SPE4014 (MSLS only)	1	Full day professional context placement for 11 weeks. Includes completion of a service based, service provision project.
		2	6 week external block placement (5 days/week)

MSc Language Pathology

Table 2 provides an overview of clinical placements.

Initial placements in stage 1 are within the campus clinics. Within the campus based placements, you are supported and closely supervised, with additional peer support as you work together in pairs and small groups. Each student has adult and paediatric experience within the campus based placements. External placements offer opportunities to work in a range of settings (e.g. hospitals, community clinics, schools), for a range of placement providers (e.g. NHS, charities) and with a wide variety of clients with speech, language and communication and/or swallowing difficulties. Block placements allow in-depth experience of the workplace and a greater understanding of the wider role of the speech and language

therapist, as part of multidisciplinary teams and in monitoring and evaluating service provision. Clinical hours (as specified by the Royal College of Speech and Language Therapists) are met via directly supervised placement experience.

Table 2: Overview of Clinical Placements: MSc students

Stage	Module	Semester	Clinical Placement Experience
1	SPE8160	1	Half day campus-based placement
		2	Half day campus-based placement
		3	6 week external placement (5 days/week)
2	(SPE8228 Research in Clinical Practice)	1	Extended case placement: Intensive intervention for one client over an 8 week period
	SPE8221	3	8 week external placement (5 days/week)

Within clinical placements, there will be opportunities to:

1. Review case history information and/or take a case history
2. Plan & implement assessment
3. Analyse, integrate and interpret information and assessment to determine diagnosis
4. Consider the implications of the communication impairment for the client within a holistic framework
5. Consider ultimate, long-term & short-term goals for intervention
6. Devise an intervention programme, selecting appropriate tasks, developing materials, reviewing progress etc.
7. Implement intervention – establishing rapport with clients, carrying out tasks with description of aims and appropriate feedback
8. Evaluate the impact of intervention, considering the effectiveness of intervention and the outcome for the client
9. Reflect on and evaluate skills of self and others
10. Consider the roles of other members of the multi-professional team and liaise/work alongside other professionals as appropriate to the placement.

The Integrated Masters students have the opportunity to carry out a clinical service provision project e.g. audit, service evaluation, as part of the professional contexts placement in stage 4.

3. FITNESS TO PRACTISE

The Speech and Language Sciences Section has a duty to ensure that all students who go out on clinical placements and who graduate are fit to practise. As a student enrolled on a programme that is approved by the HCPC, as leading to a qualification entitling you to register on the Speech and Language Therapy Register, you have a responsibility to maintain your fitness to practise.

Fitness to practise involves maintaining standards of health, conduct and competency (see www.hcpc-uk.org). At the start of the programme you have to complete a Disclosure and Barring Service (DBS) form, Occupational Health Questionnaire and fulfil certain minimum health requirements. During the programme, you need to ensure your conduct is professional and report any change in your DBS status or health to the university.

Students undergo an Enhanced Disclosure with DBS to ensure they will not put clients at risk. It allows you to work with children and vulnerable adults whilst on placement. A copy of the DBS policy is available on Canvas. Each year, you complete a self-declaration to confirm whether you have had any new convictions, cautions, reprimands or warnings.

If you have any involvement with the police and/or if there is any change in your DBS status, you must inform the Director of Clinical Education immediately.

At the start of the course, Occupational Health consider whether you are fit to undertake the course and the associated clinical placements. If you have any health issues which could impact your work with clients and/or your ability to complete placements successfully, there may be more detailed follow-up from Occupational Health and they may suggest reasonable adjustments which will enable you to undertake placements and perform at your best. Reasonable adjustments may also be made due to students having a recognised disability; in this case, adjustments may be suggested by Occupational Health and/or Disability Support within the University's Student Wellbeing Service. If you have any concerns about how health or disability issues may impact your studies and/or subsequent work, you may want to consult the HCPC Guidance on Health and Character and the HCPC publication on Health, disability and becoming a health and care professional. Both of these documents are available on Canvas.

It is important that you record any aspects related to your own mental and physical health or other things that may impact your placements on the Clinical Information Form (CLIFF) and report any change in circumstances that occur during the year to the Director of Clinical Education as soon as possible who will arrange a meeting with you. These circumstances will of course be treated in the strictest confidence. Further follow-up from Occupational Health and/or Disability Support may be requested in relation to particular circumstances or specific placements.

At the start of each year, you also have to sign a Code of Professional Conduct. Underpinned by the HCPC Guidance on Conduct and Ethics for Students. The full document can be found on Canvas. Our Code of Conduct adopts this guidance. By signing the Code of Conduct, you are indicating that you understand and agree to its contents. There is always an opportunity to consider the contents of the code and how it may apply to your particular stage of study within the induction sessions. Failure to abide to it may lead to consideration under the University Fitness to Practise Procedure. The Code of Conduct covers a number of areas:

1. Promote and protect the interests of service users and carers
2. Communicate appropriately and effectively
3. Work within the limits of your knowledge and skills
4. Delegate appropriately
5. Respect confidentiality
6. Manage risk
7. Report concerns about safety
8. Be open when things go wrong
9. Be honest and trustworthy
10. Keep records of your work with service users and carers

You have been asked to sign a copy of the Code of Professional Conduct for this year. You will be given instructions for completion and submission.

4. CLINICAL PLACEMENTS

Placement Dates

Placement dates for the current academic year can be found in Appendix A.

Placement Organisation & Allocation

Placements are organised by the Placement Coordinator and allocated primarily on the basis of clinical experience. We try and ensure each student gets maximum opportunities to work with a range of client groups, across a range of clinical contexts and in different NHS services or placement providers. Location is one consideration in terms of ensuring a range of placement providers. Information about particular preferences and constraints provided on the CLIFF form will also be considered but cannot always be accommodated. For later placements, previous experience and previous location of placements will impact the allocation process.

Wherever possible, we use local placement providers in the North East of England. These providers offer us placements and plan their services around having students. They are familiar with the course and all of the practice educators come to relevant training. This ensures that we can monitor the quality of the placements you go on. It is recognised that out of area placements are sometimes necessary and it is in such (exceptional) circumstances, in consultation and agreement with the Director of Clinical Education, that this may be considered. This would be on a case by case basis.

Please note all placements involve some travel, either to the main location of the placement and/or travel between sites. Some students may have access to a car for their placements. If so, please note that normal car insurance covers you for use of your car for 'social, domestic and pleasure' purposes and in most cases travel between your home and a PERMANENT place of work. Use of your car for ANY other travel, such as travel to a clinic or school, normally constitutes BUSINESS use of the car. You should declare such use to your insurance company, and expect to pay an additional premium for this.

Preparing for Placements

There are a number of things we need to ensure before students can go out on placement. Some of these are related to Fitness to Practise e.g. Code of Conduct, DBS declaration. Some are equivalent to the annual statutory and mandatory training that speech and language therapists complete e.g. reading relevant policies, information governance training.

Each year you will be asked to read specific documentation/policies and complete specific training relevant to your year of study. These requirements will be discussed at the induction sessions. Once you have completed the pre-placement requirements, you are able to commence the placement. For students on external placements, the Clinical Education Assistant will issue you with a placement letter which confirms that you have Occupational Health

clearance, DBS clearance and that you have completed the relevant Information Governance and Safeguarding training. Your placement provider may ask to see this letter.

At the start of placements, you will also have placement specific induction sessions and may be asked to read service specific policies related to health & safety, data protection, infection control etc.

It is crucial that you read these policies and ensure you understand them; please ask your practice educator if you are unsure about anything.

Placement Expectations

Placement Attendance

For placements, students should be available 09.00-17.00 (full days) and 09.00-13.00 or 13.00-17.00 (half days) on site. This excludes any travel time. Timings outside these hours should be negotiated between the practice educator and the student. The planning day (or two half days) for the block placement is dictated by the service and should be used for clinical preparation and planning; the planning day is overseen by your practice educator and counts towards your clinical hours.

Unforeseen Placement Absence

Students are expected to attend for the duration of the placement. Attendance at clinical placement sessions is mandatory, except in cases where ill-health or other serious factors make this impossible. If you cannot attend placement for any reason, you must follow **3 steps**:

1. Notify your practice educator as far in advance of the session as possible;
2. Inform the **Placement Coordinator and report absence to slsclinic@ncl.ac.uk** including reason for absence;
3. Follow the **standard university absence reporting procedure** (please see SLS general handbook).

These steps must be followed on each day of absence from placement. Students have the responsibility to follow the absence reporting procedure in full in line with expectations set within the SLS Code of Conduct.

We need to monitor your attendance to ensure you have enough experience to fulfil the competencies for a particular placement and meet the required clinical hours across the programme.

Advanced Placement Absence Request

If you wish to request absence from placement for a significant event e.g. family funeral, job interview, you must contact the **Placement Coordinator** in the first instance ***before*** approaching your practice educator**.** The Placement Coordinator will consider if the request is appropriate and if so, agree with you, how you can approach the practice educator to request the absence. The final decision rests with the practice educator; they will consider the implications for the service, the clients and your learning.

Clinical Placement Passport

Students receive a copy of the Clinical Placement Passport in semester 2 of UG stage 2/MSc year 1. This is a student held record to be completed by individuals in advance of external clinical placements. The Passport includes the following sections:

- About me
- Record of placement experience
- Training record
- Health & disability record
- Personal clinical goals
- Placement letter

Students update the Passport before each placement and are required to share this with practice educators in advance of each placement. Further guidance is provided at relevant points.

Support during Placement

Your practice educator(s) is your primary support during your placement. If, however, you have any questions about the placement or have any concerns about your experience or learning, then please contact the Director of Clinical Education. You should also inform your personal tutor if you are concerned about your academic work.

In the Event of Concerns or Difficulties

Sometimes problems are encountered on placement which relate to unprofessional behaviour or situations that may place patients at risk. As stated in the Code of Conduct, in these instances, it is extremely important that you discuss your concerns. The first person to discuss these with is your practice educator; however, you may feel you need to involve others.

A document about Raising Concerns regarding a situation which might put someone at risk can be found on Canvas.

Feedback to Practice Educators

Students are required to provide feedback to practice educators about their clinical placements. Student feedback is an important way of ensuring the quality of placement provision. It is appreciated that the process of providing feedback to practice educators can be a difficult process. If any concerns arise, it is important to address these as soon as possible in the placement. The mid-placement evaluation may be an appropriate time. Students can discuss any concerns with the Director of Clinical Education at any time.

The speech and language sciences section, in conjunction with CCC has introduced a **compulsory clinical placement/practice educator feedback form** that is completed by all students at the university, at the end of each placement.
This feedback is completed electronically by you. Feedback about the campus clinics is reviewed by the directors of the campus clinics before it is sent in anonymised form to each practice educator. A summary of this feedback (all information anonymous) is considered by an internal committee (Campus Clinic Directors meeting). Feedback for external placements is reviewed by the Placement Coordinator before being sent in an anonymised form to each individual practice educator and their line manager. A summary of this feedback (all information anonymous) is collated by the Placement Coordinator and circulated to and discussed at CCC and SPEC meetings to ensure issues across placements are addressed. The Placement Coordinator discusses any specific issues with relevant placement providers.

Important things to remember:

- Providing constructive, useful feedback is a professional competency.
- Feedback should be written in a professional manner – ensure that feedback is objective and constructive and remember to proof read for spelling/grammar errors.
- Information is used by practice educators to modify and refine the student learning process and ensure the quality of the learning experience. Please try and support your ratings with comments, particularly if you provide lower ratings; this will help practice educators to reflect on your experience and consider any changes for future placements.
- You must complete the feedback form within the deadline given.

Your practice educator may also ask for informal feedback about the placement or the supervisory process.

5. CLINICAL ASSESSMENT

Overview

Each clinical placement is assessed using the Clinical Evaluation Report (CER). Each clinical and professional education module also has other assessments e.g. vivas, case reports; these are detailed in Appendix B. More detail about these assessments can be found in the corresponding module outline form and in the specific assessment guidelines for your stage in the programme.

Clinical Evaluation Report

The Clinical Evaluation Report (CER) lists the competencies that students are expected to develop and demonstrate during the course. The competencies underpin the achieving of the clinical and professional standards of proficiency set out by the HCPC. The competencies are organised into five broad areas:-

- Personal and Professional Conduct
- Professional Practice
- Assessment and Diagnosis
- Planning and Delivering Intervention
- Service delivery

When completing the report, students and practice educators need to review the opportunities that have been available to demonstrate the skill and then consider whether the competency has been met. The report is marked as a Pass/Fail, emphasising that if you demonstrate the competencies at the appropriate level, you will have the skills you need to practise as a speech and language therapist.
A document is available on Canvas that will help you to consider each competency and the type of opportunities/evidence that you may want to refer to when considering your performance.

Expected level of competency
Students are expected to demonstrate consistent ability in each of the competencies by the end of the programme. The levels of competence that the student is expected to achieve by the end of a placement or academic year are in **bold underlined print** on the report form relevant to the year of study. Each competency is rated according to whether the competency is not evident, emerging, competent or not applicable.

Rating Scale	
Competent:	The student has demonstrated consistent ability in this area.
Emerging:	The student has demonstrated some ability in this skill and is aware of his/her need to develop it.
Not evident:	The student has not demonstrated this skill during his/her placement.
Not applicable:	The student has not had the opportunity to demonstrate this skill during the placement.

Overall Assessment Mark

Students are awarded an overall mark of PASS or FAIL.

PASS: The student has reached competency in most or all areas expected for the corresponding stage of the course

FAIL: The student has not reached the level of competence required for the corresponding stage of the course.

If a practice educator is concerned that a student is borderline Pass/Fail, they are asked to contact the Director of Clinical Education. A Fail will never be awarded without discussion of whether this is fair and appropriate. The mark does not form part of the module mark but each CER needs to be passed for you to continue with the clinical programme. Following the mark, there is an opportunity for practice educators to comment on particular strengths and areas where improvement has been seen and areas for future development. You should consider these sections when thinking about your personal clinical goals. You are required to sign the CER to say you have received the feedback. Mid-placement, you will receive a mid-term evaluation. This is an opportunity for you and your practice educator to consider your performance, your overall strengths and areas for improvement, think about whether you are on track to pass the placement and to set personal clinical goals for the remainder of the placement.

The CER for your stage in the programme can be found on Canvas.

Supporting Clinical Development and Performance

As part of our commitment to student progress, students' clinical learning and professional development is supported in a number of ways. Whilst on placement, you will receive regular feedback from your practice educators (verbal and/or written) and any concerns about performance are normally identified and documented in the mid-placement review. The Director of Clinical Education is informed if there are concerns about performance, and any appropriate action/support is put into place. The Director of Clinical Education reviews all clinical evaluation reports and clinical marks and feedback to monitor progression in clinical learning and skills and to identify any difficulties that are cause for concern but may not cause the student to fail. Individual meetings are arranged at the request of the Director of Clinical Education and appropriate support offered.

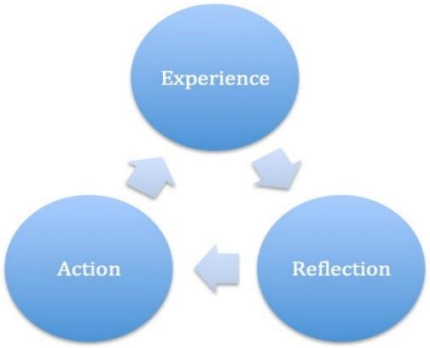
Clinical Fails

A student may fail a placement (i.e. not reach the level of competence required for the corresponding stage of the course) or fail another aspect of clinical assessment. The Policy for Failing Components of Clinical and Professional Education Modules and considerations related to retrieval placements can be found on Canvas.

6. DEVELOPING REFLECTIVE PRACTICE

Across all of the Clinical and Professional Education modules, there is focus on developing your reflective skills. The ability to reflect on your performance and identify your own development needs is a professional competency. Reflective practice is also a requirement throughout our professional career. Reflection allows us to make the links between theory and practice and allows us to use experiences as a starting point for learning. It encourages us to think about experiences in a purposeful and conscious way, so that we can understand those experiences differently and take action.

Experience – Reflection – Action (ERA) are the principles that underpin all models of reflection.



Reflective Model of Supervision

On clinical placements, your educators will use a reflective model of supervision. The model aims to encourage a deep approach to learning (encourage "understanding seekers") rather than a surface approach ("knowledge seekers") (Mandy, 1989)

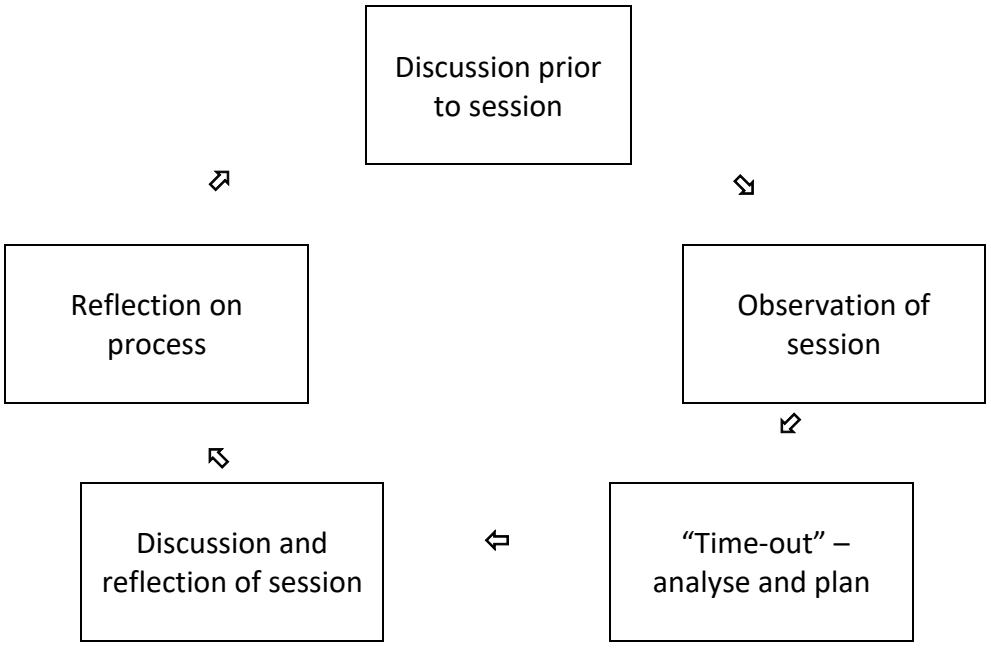
It is based on the premises that:

a. a deep approach is required to integrate knowledge from different academic units and apply this to the real occurrences found in the clinical situation
b. it is important to address emotion (e.g. fear, anxiety of supervision) as these can act as obstacles to the learning process.

It is a structured framework that engages the student in reflective learning, which is based on the belief that, in order to learn, we must be able to reflect on the experience that we've been involved in by:

⇒ returning to the experience
⇒ attending to feelings
⇒ re-evaluating experience

A reflective model of supervision (adapted from Goldhammer et al 1980)



Discussion prior to session

- discuss student's plans for client management
- identify key points to observe in the session

Observation of session *(watching part or whole of session)*

- collect descriptive (including anecdotal) data to help the student return to the experience and frame possible hypotheses relating to the client
- focus on goals attempted, achievement of these

Timeout to reflect

- practice educator and student independently make notes on the session
- student notes allow them to recall the experience and identify key issues for discussion
- practice educator decides key issues and ways of approaching these if not raised by the student

Discussion and reflection of session

- student returns to the experience and *describes* events
- emotions are discussed (positive and negative)
- experience is re-evaluated ***by the student***

Reflect on process

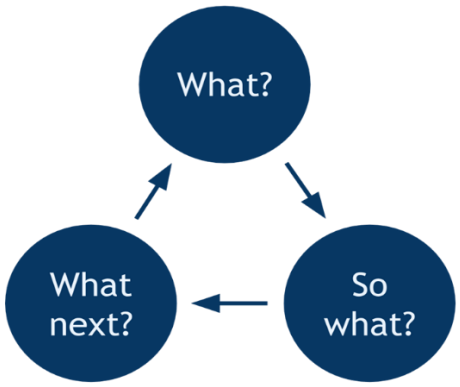
- both reflect on whether and how the purposes of the supervisory process have been met.

Given the time involved (and time constraints on clinicians), the model is adapted according to the needs of students, stage of placement, type of case, etc.

Framework for Reflection

You may find the following framework and prompts helpful as you are reflecting on a clinical session or experience. The framework can be used to facilitate both spoken and written reflections.

Borton (1970)



Adapted from Jasper (2013)

What?	So What?	Now what?
The descriptive phase – all questions start with what	Theoretical/conceptual phase	What next? Other ways of thinking or acting and choose most appropriate.
What happened? What did I do? What did I feel? What was I trying to achieve?	So what is the importance of this? So what more do I need to know about this? So what have I learnt about this?	Now what should I do? Now what would be the best thing to do? Now what will I do? Now what might be the consequence of this action?

A more detailed version of the framework, looking specifically at the application of Borton's framework within a healthcare context can be found in Jasper (2013), figure 3.4, p102.
Jasper, M. (2013) *Beginning Reflective Practice* (Second Edition). Hampshire, UK: Cengage Learning EMEA.

7. CLINICAL E-PORTFOLIO (NU REFLECT)

Your clinical learning throughout the programme is facilitated through your clinical ePortfolio; this is integrated into NU REflect. It is similar to the on-line tools used by qualified speech and language therapists to record evidence of their continued professional development; this is a mandatory requirement by the HCPC. The ePortfolio can also be used so that you have evidence

of your learning when you and your practice educator are completing the clinical evaluation report.

The clinical ePortfolio has a number of sections:

- My Placements
- My Goals and My Competencies
- My Cases
- Inter-professional Opportunities and Reflections
- Dysphagia Opportunities and Reflections
- My Blog
- My CV

My Placements

This allows you to keep a record of all your placements. It is important for you to record the type of placement and the clients you have seen. You are often asked for this information when you apply for jobs.

My Goals and My Competencies

This allows you to develop your personal clinical goals and maintain a record of your progress. You should think about your goals before you start a placement, reflecting on previous placements, your strengths and areas for future development. Areas for future development and aspects where you would like further opportunities may form the basis of your goals. You should then consider these against the clinical competencies set out in the clinical evaluation report. Discussion with your practice educator will then help you to shape your goals to a specific placement and the opportunities that may be available. Remember that there is often more one way to show that you have met a particular competency.

The goals are drawn up by the student and overseen by the practice educator set out:

- what you will learn
- how this will happen
- over what time period and
- how you will evaluate if the clinical goal has been met

The clinical goals procedure has been developed to encourage you to identify goals in each of the areas of competence. It is anticipated that you will build on previous goals in each competency area in each successive placement.

A helpful document on developing personal clinical goals can be found on Canvas. Think about your previous placements and the feedback given.

My Cases

This allows you to work through the seven steps of intervention for the clients you are working with, encouraging you to apply the case based problem solving (CBPS) approach and to record your work with clients. Students are expected to apply the CBPS Framework when seeing clients on placement and to have considered these stages when presenting cases for assessment e.g. in the case report. Remember to consider the stages of the **Problem Solving Decision Process** and the **Seven Steps of Clinical Management**.

Seven Steps of Clinical Management

1. What is the client's communication profile and diagnosis?
2. Is any action indicated?
3. What are the goals of intervention?
    a. Ultimate (prognosis)
    b. Long term (for episode of care)
    c. Short term (session plan)

    Which therapy approach or approaches should be used?
4. What service delivery model should be chosen?
5. How will generalisation be aided?
6. How will the effectiveness of treatment be assessed?
7. What range of options would be available to this client following this episode of care?

On placement, it is unlikely that you will be involved in all seven stages. It is, however, still helpful for you to consider each of these stages in relation to a single client or in relation to different clients (who are at different stages).

Problem Solving Decision Process

Step 1: Explore, define and develop the problem

- Clarify any terminology
- What are all the possible problems?
- Consider and describe different aspects/sub-themes
- Propose and explore different reasons for the problem
- Identify key themes/issues

Written output: (1) Any words for clarification (2) Statement of the problem (3) Set of developed issues/themes

Step 2: Identify areas of further investigation and agree action plan

- What are the gaps in knowledge?
- Agree topics and issues to be investigated
- Discuss how these investigations might be achieved
- Decide a plan of action and methods to be used

Written output: List of gaps for investigation and agreed action plan

Step 3: Independent investigation

- Seek the information to meet the aims independently

Written output: Individual notes /resources found

Step 4: Share outcomes of investigations and discuss possible solutions

- Pool results and share information about sources of information
- Revisit problem in light of new information
- Identify any gaps for further investigation
- What needs to be achieved in moving from present state " desired state?
- What are the possible solutions/options available?
- What are the advantages and disadvantages of each possible solution?

Written output: notes towards step 5

Step 5: Choose solution and justify

- Decide solution and be able to provide sound rationale for choice
- Reflect on the learning achieved and consider its relevance

Written output: Agreed solution with justification

You are required to apply the CBPS framework to **at least one client in the campus clinics and at least two clients during each external placement**; more/all where appropriate and to enter details into the 'My Cases' section of your ePortfolio. Your practice educator in **campus clinics** will ask to see this, as a basis for discussion or to inform them about your understanding of theory and its application to particular clients or a particular service delivery model. Practice educators will use this informaiton to provide evidence of competencies within the CER.
On **external placement**, your practice educator may ask to see this. It is recommended students share this with their practice educator as additional evidence of clinical knowledge and skills in

relation to particular clients. Again, 'My Cases' can provide evidence that you have met particular competencies on the CER.

Inter-professional Opportunities and Reflections

This allows you to record your experience of and reflections around inter-professional learning and working. The work of a speech and language therapist increasingly involves liaising with, working alongside and training a variety of other professionals. This inter-professional working is vital in the provision of seamless, client centred care. Learning about the role of other professionals and learning to work with them is therefore essential in order to meet the competencies required to work as a speech and language therapist.

On placement, you may have the opportunity to work with students from other professional groups (inter-professional learning). On other placements, you may be the only student but you may have the opportunity to observe, shadow and work alongside other professionals. Your practice educator may identify specific opportunities but you can also seek these out. During each placement, you are required to reflect on the inter-professional aspects of your clinical experience and record your experiences and reflections in your ePortfolio. For example, you may consider:

- Are you working in a team?
- Who are the other professionals involved with your clients?
- What are their roles?
- Can you work alongside other team members and incorporate their goals into your management?
- Can they incorporate yours? Can you explain your goals to them?
- Are there students of other professions on the same site as you that you could talk to/share common clients?
- Do you have the opportunity to attend case conferences?
- How effectively do the teams work?
- What happens when there is conflict?
- Are their hierarchies in the team? Are these effective?

You may want to draw on your vast experience of working in groups (on the course, outside the course e.g. at work, sports teams, committees) and the frameworks you have been given for exploring group membership and development, describing group dynamics and for identifying whether group work is effective. You may want to show your reflections to your practice educator as a basis for discussion. A

subset of the clinical competencies on the clinical evaluation report relate directly to inter-professional working.

Dysphagia Opportunities and Reflections

With some client groups, a speech and language therapist's role involves working with eating, drinking and swallowing.
Within the ePortfolio, there is a section that allows you to detail your experience of and reflections around dysphagia. You are encouraged to draw on learning in modules such as anatomy and physiology, neurology, child development, motor speech disorders, exceptional development, etc. in your reflections. The dedicated dysphagia module in UG stage 3/MSc stage 2 aims to build on these.

My Blog

This allows you to record written reflections on any aspect of your clinical or academic work. As previously highlighted, reflective practice is an integral part of a speech and language therapist's role. The 'my blog' section can be used to record events and to reflect on them to enhance your learning and development. Within the CER, practice educators consider a student's ability to reflect on situations and their own clinical skills and knowledge and may use your written reflections as evidence of this competency.

My CV

This allows you to collate your clinical and other related experience to produce a current CV. Previous students who have used the ePortfolio have reported the benefits of having the relevant information all in one place. The ePortfolio can be accessed for one year post-qualification.

8. RESOURCES

You will find relevant documentation related to all of the clinical and professional education modules on Canvas. There are also a number of specific resources that you can use to support your clinical learning.

The **How to … Guides** are practical, accessible guides to key parts of clinical practice e.g. How to.. write case notes, How to .. judge levels of attention, How to .. give feedback. They are useful reminders that can be used across the programme. The complete set of How to… Guides is available on Canvas.

The **SLS Student Self Study Resources** provide additional learning opportunities to develop your clinical and observation skills using recordings of client-therapist interactions. There are two sets of resources. Set 1 provides resources linked to the clinical competencies in the clinical evaluation report and are helpful for reflecting on and developing specific clinical competencies. Set 2 provides opportunities for you to observe, analyse and describe a client's communication from samples of both formal assessment and from more informal interactions. More details about the resources and how to access them can be found on Canvas.

An extensive range of assessments and therapy resources are available in the Aphasia Centre and Children's Speech and Language Clinic. Full resource lists are available in the clinics and on Canvas. These assessments and resources are primarily for reference and for use in the campus clinics. Assessments and resources are not to be taken out of the clinics without permission of the relevant member of staff (Janet Moss for the Aphasia Centre; Jan Holroyd for the Children's Clinic). Additional resources are available to borrow from the ECLS Resource Centre. There are also some commonly used assessments available in the Robinson Library.

Appendix A: Clinical Placement Dates Academic Year 2025-26

Semester 1

Year	Frequency	No. weeks	Dates
UG Stage 2 (campus clinic)	½ day	12 weeks	22/9/25-12/12/25
UG Stage 3 **(8 week block)**	5 days*	8 weeks	20/10/25-12/12/25
MSLS Stage 4 (SQUIP)	1 full day Mon, Wed or Fri	11 weeks	29/9/25-12/12/25
MSc Stage 1 (campus clinic)	½ day	11 weeks	22/9/25-12/12/25
MSc Stage 2 **Extended Case**	Mon, Wed, Fri	8 weeks	20/10/25-12/12/25

Semester 2

Year	Frequency	No. weeks	Dates
UG Stage 2 (campus clinic)	½ day	11 weeks	26/1/26-20/3/26 & 20/4/26-8/5/26
MSLS Stage 4 (Block)	5 days*	6 weeks	20/4/26-29/5/26
MSc Stage 1 (campus clinic)	½ day per week	11 weeks	26/1/26-20/3/26 & 20/4/26-8/5/26

Semester 3

Year	Frequency	No. weeks	Dates
BSc Stage 3	5 days*	8 weeks	1/6/26-24/7/26
MSc Stage 1 (Block)	5 days*	6 weeks	1/6/26-10/7/26
MSc Stage 2 (Block)	5 days*	8 weeks	1/6/26-24/7/26
**inclusive of one day planning and preparation*			

Appendix B: Overview of Clinical Assessments

i) BSc Speech & Language Therapy and Master of Speech and Language Sciences

Module	Semester	Clinic	Assessment
SPE1055	2	Lectures & workshops	Reflective log
SPE2051	1	Half-day campus based placement	Written communication profile Clinical evaluation report
	2	Half-day campus based placement	Clinical viva Clinical evaluation report
SPE3050	1	8-week block placement (child/adult/mixed) (5 days/week)	Unseen clinical viva Written case report Clinical evaluation report
SPE3057 (BSc only)	3	8-week block placement (child/adult/mixed) (5 days/week)	Reflective log Essay Clinical evaluation report
SPE4052 (MSLS only)	1	1 Full-day Service Quality Improvement Placement (SQUIP) (11 weeks)	Written service provision report Clinical evaluation report
	2	6-week block placement (child/adult/mixed) (5 days/week)	Unseen clinical viva Unseen written exam Clinical evaluation report

ii) MSc Language Pathology

Module	Semester	Clinic	Assessment
MSc 1			
SPE8160	1	Half day campus-based placement	Written communication profile Clinical evaluation report (campus clinic)
	2	Half day campus-based placement	Clinical evaluation report (campus clinic) Unseen clinical viva
	3	6 week external placement (5 days/week)	Clinical evaluation report (external placement)
MSc 2			
SP8221	1	Extended Case placement (over 8 weeks)^	
	3	8-week block placement (child/adult/mixed) (5 days/week)	Professional Issues log Unseen clinical viva Unseen written exam Clinical evaluation report

^ There is no clinical evaluation report for the Extended Case placement. Formative feedback may be given.