Newcastle University

Speech & Language Sciences

Placement Handbook for Practice Educators

Speech & Language Sciences Section

School of Education, Communication & Language Sciences

2025-26

Contents

1. INTRODUCTION

In Speech and Language Sciences at Newcastle University, there are currently three courses which train students to be Speech and Language Therapists:- BSc Speech and Language Therapy, Master of Speech and Language Sciences and the MSc Language Pathology. The BSc Speech and Language Sciences programme is a four year undergraduate programme. The BSc Speech and Language Therapy is a three year undergraduate programme, with an extended placement at the end of the three years. The Master of Speech and Language Sciences is an integrated masters, with students starting undergraduate study and then proceeding to a Masters year. The MSc Language Pathology course is a two year course for students who already have a related undergraduate degree.

This document contains information about practice placements relevant to practice educators working with students within the campus clinics and external organisations. This general handbook should be read in conjunction with the relevant **'Placement Specific Pack'** for the particular placement you are supervising. Practice educators can access all placement documentation, including documents produced for students, via the Extranet, available from the Speech and Language Sciences website.

Collaboration with Placement Providers

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 Coordinator Committee representatives from services who take students on placements and student representatives. The CCC representatives coordinate student placements in their services. CCC discusses student placements 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.

Your CCC representative is the primary contact regarding student placements within your organisation and will have a wealth of experience and knowledge. They also receive regular updates about student placements and the training and support available to practice educators.

Clinical Contacts at the University

In relation to the clinical aspects of the programmes, there are members of staff within Speech and Language Sciences who are your primary contacts.

Director of Clinical Education: Helen Raffell

Tel: 0191 208 8763 Email: helen.raffell@newcastle.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 student feedback related to external placements.

Placement Coordinator: Lucinda Somersett

Tel: 0191 208 5196 Email: lucinda.somersett@ncl.ac.uk

The Placement Coordinator oversees external placement organisation including liaison with placement providers about placement offers.

Clinical Education Assistant: Bethany Jones

Tel: 0191 208 7385 Email: SLSClinic@ncl.ac.uk

The Clinical Secretary 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 and provide support for practice educators working within the campus clinics. The CCDs are supported by the clinic secretaries, Janet Moss (Tavistock Aphasia Centre) and Jan Holroyd (Children's Speech and Language Clinic).

2. OVERVIEW OF COURSE

Academic and Clinical Programme

An overview of the academic modules for the programmes can be found in Appendix A. Undergraduate students share teaching in stages 1 and 2, with students making a choice at the end of stage 2 about whether to continue on the BSc Speech and Language Therapy (BSc) or Master of Speech and Language Sciences (MSLS). At stage 3, they continue to have a lot of shared teaching related to speech and language pathology. Students on the BSc programme complete a professional issues module. Only the Masters students complete stage 4. During this stage, they complete their professional issues and leadership module and have extended research methods teaching as well as completing a research dissertation. The MSc Language Pathology students also share some teaching with the undergraduate students but teaching takes place over two years.

Aims of Clinical and Professional Education Modules

Clinical placements are part of clinical and professional education. These 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 HCPC guidance on 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.

Clinical and professional education modules occur alongside speech and language pathology modules where students learn about the causes, presentation, consequences, assessment and management of speech, language, communication and swallowing difficulties. Students apply the World Health Organisation International Classification Framework for health, to gain an understanding of how the individual's impairment, activity and participation in society, environment and personal factors interact. Students are also encouraged to use a case based problem solving approach (see below).

Overview of Clinical Placements

Table 1 provides an overview of the clinical placements associated with the BSc Speech and Language Therapy (BSc) and the Master of Speech and Language Sciences (MSLS). Table 2 provides an overview of the placements associated with the MSc Language Pathology (MSc).

All students receive an introductory taught module which provides information about the clinical process, an introduction to problem solving and the case based problem solving approach and models of reflection. Initial placements are within the campus clinics, providing opportunities for close supervision and peer support. 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.

Placement hours (as specified by the Royal College of Speech and Language Therapists, RCSLT) are met via directly supervised placement experience. There are two clinical placements that differ from the standard block experience. In stage 4, the students on Master of Speech and Language Sciences programme complete the professional context placement. During this placement, the students complete a clinical based service provision project e.g. audit, service evaluation overseen by the practice educator. In stage 2, the students on the MSc Language Pathology complete an extended case placement which allows them to work intensively with a single client. The students carry out an evaluation of the effects of their intervention which is written up as their Masters project.

Table 1: Overview of Clinical Placements in BSc Speech and Language Therapy and Master of Speech and Language Sciences

Stage	Module	Semester	Clinical Placement Experience
2	SPE2051	1	Half day adult or child placement within campus-based placement
		2	Half day adult or child placement within campus-based placement
3	SPE3050	1	8 week external placement (5 days/week)
3	SPE3057 *(BSc programme only)*	3	8 week external placement (5 days/week)
4	SPE4052 *(MSLS only)*	1	Full day Service Quality Improvement Placement (SQuIP) for 11 weeks. Includes completion of a service evaluation project.
		2	6 week external placement (5 days/week)

Table 2: Overview of Clinical Placements in MSc Language Pathology

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

Case Based Problem Solving

We tell the students……..

"Every case that you assess is unique. Consequently there are no recipes that can be generally applied to a particular diagnostic group or age of child. Further clinical management involves more than simply planning a course of therapy".

Any case that is referred to a speech and language therapist for assessment poses a problem that needs to be solved. To solve that problem, the clinician needs to apply a systematic problem solving approach. Students consider seven stages of clinical management (see table 3).

Table 3: Stages 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?

Students are given a five step approach to problem solving that can be applied to all aspects of clinical management (see table 4). They work within groups and carry out independent research to consider the problem, explore the theory and provide a solution. As part of the process, they apply principles of evidence based practice to evaluate the research evidence underpinning assessment and management.

Table 4: Problem Solving Approach

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

3. CLINICAL PLACEMENTS PROCESS

Placement Allocation

External placements are organised by the Placement Coordinator, in conjunction with CCC representatives.

External placements are 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 trusts or placement providers. For later placements, previous experience and previous location of placements will impact the allocation process. Placements allocations, with the supporting documentation, are sent to CCC representatives. Your CCC representative will then forward this information to the practice educators involved in a specific placement. Students will make initial contact with the CCC representative prior to the placement. The CCC representative may then ask the student to contact individual practice educators.

Feedback on Placements

Students are encouraged to provide ongoing feedback to practice educators on the supervisory process. Practice educators are asked to discuss how he/she would like this to occur with the student. 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.

Both practice educators and students can discuss any concerns with the DCE at any time.

In addition to encouraging informal verbal feedback/discussion, a formal feedback mechanism is in place. The Speech and Language Sciences Section, in conjunction with the CCC, has introduced a Clinical Placement/Educator Feedback Form that is completed by all students at the University immediately following the placement. This feedback is completed electronically by the student and anonymised before a copy is sent to each individual practice educator and their line manager, with the opportunity for follow-up. A summary of campus clinic placement feedback (all information anonymous) is collated by the relevant Campus Clinic Director and circulated to, and discussed at, the Campus Clinic Director meeting to ensure relevant issues are addressed. A summary of external placement feedback (all information anonymous) is collated by the Placement Coordinator and circulated to and discussed at CCC and SPEC to ensure relevant issues are addressed.

In the Event of Problems

Sometimes problems are encountered on placement. These may relate to concern over the student's progress or behaviour, uncertainty around expectations or worries around possible failure. In these

instances, it is extremely important that we talk with you about your concerns. If you have already discussed these with your colleagues and/or manager and feel that you need advice or further discussion, please do not hesitate to contact us. We need to support you in these situations as well as ensure that the student has had an opportunity to fairly address your concerns during the course of the placement. Please contact the DCE. Depending on the nature of your concern, we will discuss these over the telephone/MS Teams call or arrange to visit you and the student immediately.

There are clear guidelines in place setting out the procedures in the event of failure in clinical assessments – you can access this information from the CCD (campus placements) or CCC representative (external placements), via the Extranet or contact us to discuss.

Key Responsibilities of the University

In relation to clinical placements, the university has the following key responsibilities:

- Ensuring adequate placement capacity
- Identification and allocation of an appropriate placement for each student
- Information for placement providers and students
- Discussion of concerns with students and/or practice educators
- Clinical visits (as required)
- Monitoring of student feedback about placements
- Monitoring of student learning and performance across placements

4. CLINICAL PLACEMENTS

Fitness to Practise

The Speech and Language Sciences Section has a duty to ensure that all students who attend clinical placements and who graduate are fit to practise. Fitness to practise involves maintaining standards of health, conduct and competency. At the start of the programme students have to complete a Disclosure and Barring Service (DBS) form, Occupational Health Questionnaire and fulfil certain minimum health requirements. During the programme, students sign a code of conduct each year and have a responsibility to disclose information that may impact their fitness to practise and their work with clients. If you have any concerns about a student's fitness to practise (conduct, competency and/or health) or with the competencies in the CER, you should contact the Director of Clinical Education immediately.

Enhanced Checks with the Disclosure and Barring Service (DBS)

DBS checks are conducted at the beginning of the course and after three years for students who remain on the programmes. Enhanced checks are carried out to allow them to work with both children and vulnerable adults. At the beginning of each subsequent year, students are asked to sign a self-declaration to say there has been no change in their DBS status. A copy of the DBS policy is available on the Extranet. If students have any convictions, cautions, reprimands or warnings, these are considered under the Fitness to Practise procedure. If the convictions do not present a risk to clients and they are likely to be able to register with the HCPC on graduation, students are allowed to continue on the clinical programme.

Occupational Health Clearance and Disability

Students are required to complete an Occupational Health questionnaire at the beginning of the course. Any health conditions which may impact their fitness for employment are raised at this time and recommendations are made regarding any necessary assessments and/or adjustments are made. This process is overseen by the NUTH (Newcastle upon Tyne Hospitals Trust) Occupational Health Department. 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. Where adjustments are recommended in response to health or disability, placements will be organised in discussion with CCC representatives and potential practice educators. Students are still expected to demonstrate that they meet the Standards of Proficiency at graduation. Guidance about supporting students with disabilities on placement can be found at: https://www.hcpc-uk.org/globalassets/resources/guidance/health-disability-and-becoming-a-health-and-care-professional.pdf

Code of Conduct

At the start of each year, students sign a Code of Professional Conduct. In 2016, the HCPC revised the Guidance on Conduct and Ethics for Students. This guidance was adopted as the student Code of Conduct and 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

Mandatory Placement Preparation for Students

Clinical Induction Session

All students attend a clinical induction session at the start of each academic year where information related to the clinical and professional education module and the associated clinical placements is covered. During this session, students are reminded of their responsibilities on placement, expectations of students attending placement and the relevant policies and procedures students must be aware of before commencing clinical placement e.g. health and safety, raising concerns, dress code. Students must confirm with the university that they have read the policies before they are permitted to attend placement. Within clinical induction, there is also a focus on the students identifying their learning needs and setting personal clinical goals.

Information Governance Training

Each year, students are also required to complete relevant Information Governance training before attending placements.

Placement specific induction

In addition to the main clinical and professional education induction, students receive an induction which is specific to their allocated placement. Students attending campus clinics undertake a session dedicated to information and preparation for the specific clinic they will attend. On external placements, students receive an induction pack and are directed to key policies, procedures and information relevant to the organisation/service in which they work.

Placement Letter

Students will bring a letter issued by the university with them to all external placements. The letter confirms that the student has Occupational Health clearance, DBS clearance (with number and issue date of certificate) and that they have completed the relevant Information Governance and Safeguarding (child and adult) training. **The letter should contain all of the information needed for students to access placement sites but please contact the DCE if further information is required.** Students should not be asked to show or hand over their original DBS certificates. Students will also have ID badges that they will bring to placement.

Information for Students – External Placements

Students will generally make contact with the CCC representative prior to the placement. The CCC representative may then ask the student to contact individual practice educators. It is helpful to send some general and specific written information to the student prior to the placement. CCC has developed a list of guidelines in relation to Student Information Packs. This is to ensure that minimum standards are maintained. This information should be emailed to the student when they make initial

contact. These guidelines may be obtained from your CCC representative. In addition to core administrative and safety procedures, essential information includes:

- where to go on first day of placement and who to contact/ask for
- a map of how to get there (if appropriate)
- a timetable for the placement (if known). This may also be given at the start of the placement if more appropriate.
- The type of service delivery the student is likely to engage in (including telepractice/in person).
- emergency contact number of clinician/clinic secretary in the event of the student being ill or unable to attend
- procedure to be followed in event of absence of the practice educator

Students have also highlighted that they find it helpful to have any background information about the placement provider and a list of any recommended reading.

At the start of placements, students have placement specific induction sessions; these sessions offer opportunities to emphasise the information above, provide any additional information about the placement and to discuss expectations. Students should also be directed to service specific policies related to health & safety, data protection, infection control etc. Students are aware that, whilst on placement, they must adhere to service policies. This session may also be an opportunity to discuss the student's personal clinical goals. If students are left alone, they need to have the phone number of the clinician who has agreed to be responsible for them. Additionally, the student will need to know the name of a person in the building to contact in an emergency and this person should be aware that the student is alone.

Placement Expectations

For placements, there is the expectation that students will 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 is an integral part of the placement and should be used for clinical preparation and planning.

Students are expected to attend for the duration of the placement. If a student is unable to attend due to ill-health:

- Students must contact their practice educator (or identified contact person on placement) as soon as possible
- Students are also required to inform the university via SLSclinic@ncl.ac.uk . The university keeps a record of absences.

If a student is absent for more than 2 days and/or you are concerned that absence may impact their ability to meet the competencies, then please contact the DCE. This is to ensure that practice educators are supported to consider the impact of absence on the placement/the student's ability to demonstrate

the necessary competencies and to ensure that any necessary support can be put in place for the student.

Students wishing to request absence from placement for a significant event e.g. family funeral, job interview, should contact the DCE in the first instance. The DCE will agree with the student if and how they can approach the practice educator to request the absence. Where a student then approaches the practice educator to request absence, the final decision rests with the practice educator with consideration of the implications of the absence for the service, the clients and the student's learning. The DCE is always happy to discuss such decisions with practice educators where helpful.

Clinical Placement Toolkit for Students

Students have been given written guidance about the 'toolkit' required to adhere to professionalism requirements on placement. For information, this is included in Appendix E.

5. THE ROLE OF THE PRACTICE EDUCATOR

Who can be a practice educator?

Practice educators for students training to speech and language therapists should be HCPC registered and have the knowledge and experience to support and supervise other people. If therapists are newly qualified, they should have completed their own RCSLT NQP competencies before taking students. It is important that all practice educators taking students from Newcastle University for the first time (as the main practice educator) attend the Introductory Workshop.

Other people (e.g. other professionals, speech and language therapy assistants, teaching assistants) may be involved in providing specific opportunities for students whilst on placement. These, however, should not take the main responsibility for overseeing the student's learning or evaluating their performance.

Practice Educator Support and Training

Support

As a practice educator, you may want to seek support from the CCC representative or line manager regarding your role. When taking students for the first time, less experienced practice educators may be paired with more experienced colleagues. You can also contact the DCE to discuss any aspect related to clinical placements or issues related to specific students.

Practice Educator Workshops

In order to support you in your role as a practice educator, the university runs a series of workshops each year.

Introductory Workshop – this is the mandatory workshop that we ask all practice educators to attend before taking students for the first time. The workshop covers the main contents of this handbook:- an overview of the academic and clinical modules, a brief overview of placement process and clinical placements, the role of a practice educator, how to facilitate reflection and the clinical evaluation report. This workshop is also appropriate for practice educators who have had students from other universities or who have not had students for a while.

Follow Up Workshop – this workshop follows on from the introductory workshop and is an opportunity for practice educators to reflect on their initial experiences of taking students on placement. The workshops covers the completion of the clinical evaluation report and the role of ePortfolio in greater depth.

Annual Update Workshop – this is a mandatory training requirement involving one representative from each placement provider organisation. This workshop provides a forum to discuss updates regarding any changes to the academic or clinical programme and/or clinical placements. Each placement provider or service sends a representative to this workshop and then attendees disseminate a written summary of key updates to service colleagues.

Professional Context Workshops – there are mandatory workshops for practice educators due to take students for this placement to receive information about planning and management of the student project. Practice educators are requested to provide availability to attend the workshops at the point of offer.

Advanced Workshops – advanced workshops are organised each year. These workshops are for more experienced practice educators who want to discuss and reflect on their role and build on their skills. The focus of these workshops is agreed by CCC. In recent years, these workshops have focused on supporting self-reflection, giving feedback and coping with challenges. Advanced workshops are also arranged which discuss a particular aspect of practice or particular contexts e.g. inter-professional learning and working, working with students in criminal justice or secure settings. These workshops often result in Helpful Hints Guides which can then be used by other practice educators. Please discuss any possible ideas for advanced workshops with your CCC representative or send ideas to the clinical secretary. These workshops are all held at the university and allow practice educators across different services and contexts to share their experiences. We are also happy to run specific workshops for services, allowing a team of practice educators to discuss aspects of particular relevance to their context. Service specific workshops are normally arranged by CCC representatives.

The Extranet

Practice educators can access all placement documentation, including documents produced for students, via the Extranet, available from the Speech and Language Sciences website https:// www.ncl.ac.uk/ecls/about-us/subject-areas/speech-and-language-sciences/slt/extranet/. The Extranet contains placement dates, a copy of the placement handbook for practice educators, the placement handbook for students, placement packs for specific placements, copies of the clinical evaluation reports, key policies and procedures and a series of Helpful Hints Guides for practice educators.

Key Responsibilities of Practice Educators

In relation to clinical placements, practice educators have the following key responsibilities:

- Regular attendance at workshops and to ensure they receive annual updates from service colleagues
- Familiarity with overall placement documentation and information related to specific placements
- Placement preparation and planning and giving relevant information to students
- To ensure students are familiar with relevant service policies to ensure safety on placement
- To discuss student involvement and role with service users
- Ongoing support for student learning, including opportunities for regular feedback
- Organisation of a mid-placement and final review meetings and completion and return of the clinical evaluation report
- To contact the university if there are any issues

6. DEVELOPING REFLECTIVE PRACTICE

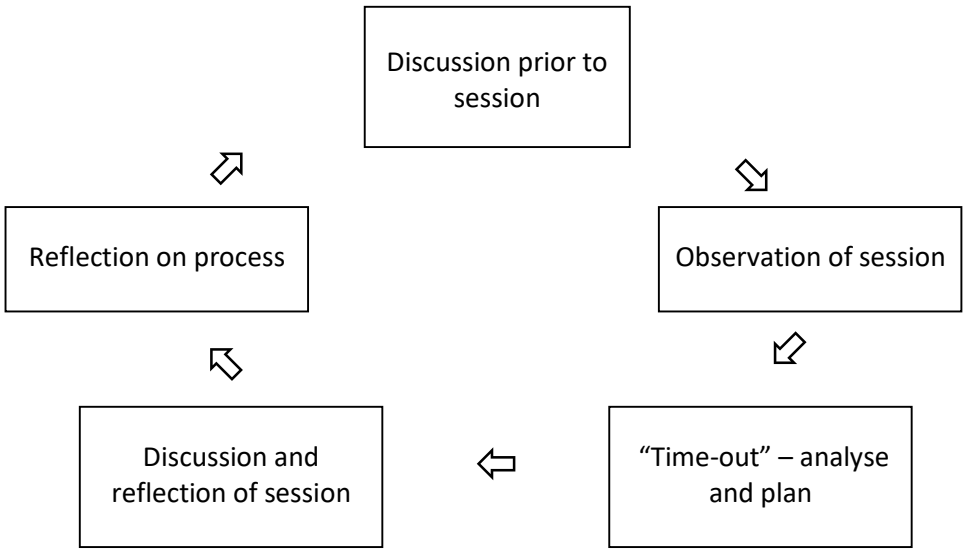
Across all of the clinical and professional education modules, there is focus on developing students' reflective skills; this is important as reflecting on performance and development needs is a professional competency which is a requirement throughout our career. Reflection allows students to make the links between theory and practice and allows them to use experiences as a starting point for learning. It encourages them to think about experiences in a purposeful and conscious way, so that they can understand those experiences differently and take action.

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

Reflective Model of Supervision

On clinical placements, we encourage practice educators to use a reflective model of supervision. Students will have had experience of using this model within the campus based clinics.

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



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

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

During the observation, practice educators may find it helpful to make notes, possibly using a structured framework related to the competencies (see Appendix C)

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

- reflect on both 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 helping the student to reflect on a clinical session or experience. The framework can be used to facilitate spoken reflection or you could encourage the student to use it to aid their 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. Students have access to this book in the library.

Jasper, M. (2013) *Beginning Reflective Practice* (Second Edition). Hampshire, UK: Cengage Learning EMEA.

7. CLINICAL ASSESSMENT

Each placement is assessed using the clinical evaluation report (CER). Within the clinical and professional education modules, there are also a range of other clinical assessments including clinical vivas, case reports and reflective logs. Further information about additional assessment can be found Appendix B.

Please note: the Clinical Evaluation Report was updated in the 2023/2024 academic year, this was to reflect the nupdated HCPC standards of proficiency.

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 a student demonstrates the competencies at the appropriate level, they will have the skills you need to practise as a Speech and Language Therapist. It is advisable to make systematic observations and notes during the course of the placement to act as a basis for giving on-going feedback to the student. This will ensure as objective assessment as possible.

Expected level of competency

Students are expected to demonstrate consistent ability in each of the competencies by the end of the course. The levels of competence that the student is expected to achieve by the end of the 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.

The mark does not form part of the module mark but each CER needs to be passed for students 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. Students should consider these sections when thinking about their personal clinical goals.

You can photocopy the CER or download a version from the SLS University Extranet. Students have access to it on the University Blackboard. Please ensure that you are using the current version.

If you are unsure how to complete it please contact the DCE for help before you talk to the student about it.

Mid-Placement Evaluation

The mid-placement evaluation has been identified by students as an essential milestone in their development. Students should be given advance notice so that they can reflect on their skills and knowledge in relation to achieving their personal goals and meeting the clinical competencies.

The main sections of the CER form the basis of the mid-placement evaluation, drawing on the student's Personal Clinical Goals, to ensure that the appropriate competencies are being developed. **Practice educators should record the outcome of the mid-placement meeting using the mid-placement review record sheet** which identifies clear learning needs and provides the student with clear account of progress at the mid-placement stage. **A copy of the form can be found within the main CER**. This is signed by the practice educator and student and a copy is held by the practice educator. The completed form should be submitted with the final CER.

If at the mid-term evaluation (or at any point in the placement), you feel the student may be at risk of failing the placement, please contact the DCE. Highlighting concerns about a student's performance enables the university to support both you and the student and to consider opportunities that will allow students to develop their skills.

Final Evaluation

Before the final evaluation the student should be requested to complete their reflections on the CER and submit it in advance to the practice educator(s) to complete. Detailed comments help the student to reflect on their learning and future development needs. Where more than one practice educator is involved, it is recommended that they meet and agree how information will be collated and how feedback will be given to the student. Only one CER should be filled out per student.

The **general feedback section** at the end of the CER is important to identify areas of particular strength and to help the student plan for the next stage in their development.

Please ensure students sign the CER during the final feedback session.

If you feel a student may not have reached the level of competence required for the corresponding stage of the course, please contact the DCE. The DCE will provide you with support and guidance regarding whether it is a Fail and may attend the final feedback session.

We encourage practice educators to complete an electronic version of the CER using the Word document provided. It is acceptable for signatures to be typed where an electronic signature may not be available. Completed CERs should be sent to the university by the practice educator (not students) via email to SLSClinic@ncl.ac.uk.

8. CLINICAL E-PORTFOLIO

Students' clinical learning throughout the programme is facilitated through an on-line ePortfolio system. Practice educators are asked to facilitate students' use of the tool during the placement. The sections of the Clinical ePortfolio are outlined below.
Each section outlines the possible role of the practice educator.
The clinical ePortfolio has a number of sections:

- My Placements
- My Goals and My Competencies
- My Cases
- Inter-professional Opportunities and Reflections
- Eating, Drinking and Swallowing Experience and Reflections
- My Blog
- My CV

My Placements

This enables students to keep a record of their placements.

My Goals and My Competencies

This enables students to develop personal clinical goals and maintain a record of progress. Students are expected to have Personal Clinical Goals which they have discussed and agreed with their practice educator.
The goals are drawn up by the student and overseen by the practice educator set out:

- what the student will learn
- how this will happen

- over what time period and
- how the student will evaluate if the clinical goal has been met

Practice Educator Role:

- To discuss the student's personal clinical goals and agree what may be feasible based on the opportunities available during the placement.

It is anticipated that the student will build on previous goals in each competency area in each successive placement. **Information on Student Personal Clinical Goals and guidelines for helping students to develop them can be found on the Extranet.**

My Cases

My cases encourages students to apply the Case Based Problem Solving (CBPS) approach to clients they are working with on placement. They are asked to consider the stages of the ***Problem Solving Decision Process*** and the ***Seven Questions of Clinical Management***.

Practice Educator Role:

- Students should be **encouraged to work through 'My Cases' for <u>at least 2 clients</u>** whilst on placement.

- **Students are asked to submit a printed copy of the 'My Cases' document to their practice educator**. This ensures students are applying the CBPS framework to clinical management. Practice educators can choose how they use this piece of work. It does not have to be marked or commented upon. It can however provide evidence of student's ability that may contribute to assessment of the student (i.e. the CER) and can be used as a basis for case discussion.

Inter-professional Opportunities and Reflections

During each placement, students are required to reflect on the inter-professional aspects of their clinical experience and record their experiences and reflections in their ePortfolio. The students are asked to 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?

A subset of the clinical competencies on the Clinical Evaluation Report relate directly to inter-professional working.

Practice Educator Role:

- To provide opportunities for experience related to inter-professional working if appropriate
- To identify any opportunities for inter-professional learning i.e. working with students from other professional groups
- To encourage students to record and reflect on their experiences.

There are Helpful Hints for Supporting Inter-professional Working and Learning on Placement on the Extranet.

Eating, Drinking and Swallowing Experience and Reflections

Students are encouraged to record any clinical experience and reflections they might have during placement that relates to eating, drinking and swallowing (EDS) in their Clinical ePortfolio.

UG stage 3, MSLS stage 4 and MSc students each have a RCSLT Pre-Registration EDS Competencies Hours Log which is to be used on placement to record evidence of experience related to eating, drinking and swallowing. Further guidance about individual requirements is provided prior to the relevant placements and in the placement specific PE pack.

Practice Educator Role:

- To support students to identify EDS opportunities on placement.
- To sign to verify EDS experience on placement.

PEs are not expected to sign off student competencies.

My Blog

The blog allows student to record written reflections on any aspect of their clinical work. It provides an opportunity to develop reflective writing skills whilst also facilitating students' learning and is an important part of the reflective model of supervision. Students are able to print entries from the 'my blog' section to share with their practice educator as part of the supervisory process. Within the CER, practice educators consider a student's ability to reflect on situations and their own clinical skills and knowledge. You may want to use written reflections alongside verbal reflections to consider whether students have reached competency.

Practice Educator Role:

- To encourage students to record their written reflections of sessions and experiences

APPENDIX A: OVERVIEW OF ACADEMIC MODULES

BSc Speech & Language Therapy

Master of Speech and Language Sciences

Module Code	Module	Credits	Semesters
Stage 1 – all teaching shared across both courses			
SPE1050	Anatomy & Physiology for Speech and Language	20	1 & 2
SPE1051	Research Methods in Practice I	10	1
SPE1052	Brain and Behaviour across the Lifespan I: Developmental and social psychology	40	1 & 2
SPE1053	Linguistics and Phonetics I	20	1 & 2
SPE1054	Introduction to Speech and Language Pathology	20	1 & 2
SPE1055	Clinical and Professional Education I	10	2
Stage 2 – all teaching shared across both courses			
SPE2050	Research Methods in Practice II	10	2
SPE2051	Clinical and Professional Education II	20	1 & 2
SPE2052	Linguistics and Phonetics II	40	1 & 2
SPE2053	Brain and Behaviour across the Lifespan II: Neuropsychology	10	1
SPE2054	Speech and Language Pathology II: Developmental and acquired disorders of speech, language and communication	40	1 & 2
Stage 3 – teaching shared across both courses*			
SPE3055	Brain and Behaviour across the lifespan III: Neurology and psychiatry	20	1

SPE3050	Clinical and Professional Education III	20	1
SPE3053	Speech and Language Pathology III: Disorders (of fluency or) associated with sensory, cognitive or learning disability	40	1-2
SPE3052	Speech and Language Pathology III: Dysphagia	10	2
SPE3054	Speech and Language Pathology III: Disorders of voice, motor speech and progressive conditions	20	2
Stage 3 – teaching for Master of Speech and Language Sciences only			
SPE3056	Research Methods in Practice III	10	2
Stage 3 – teaching for BSc Speech and Language Therapy only			
SPE3051	Professional Issues for Speech and Language Therapists	10	2
SPE3057	Clinical and Professional Education III Extended	20	3
Stage 4 – teaching for Master of Speech and Language Sciences only			
SPE4050	Research Methods in Practice IV	60	1-2
SPE4051	Professional Issues and Leadership	20	1-2
SPE4052	Clinical and Professional Education IV	40	1-2

MSc Language Pathology

Module Code	Module	Credits	Semesters
Stage 1			
SPE8101	Physiology of speech and language	10	1
SPE8102	Anatomy of speech and language	10	1& 2
SPE8151	MSc Phonetics I	10	1& 2
SPE8152	MSc Speech and Language Pathology I: Cases	40	1& 2
SPE8160	MSc Clinical and Professional Education I	40	1, 2 & 3
SPE8154	MSc Child Development and Speech Language Acquisition	20	1& 2
SPE8155	MSc Linguistics I	20	1& 2
SPE8156	MSc Brain and Behaviour I	20	1
SPE8157	MSc Speech and Language Pathology I: Sensory	10	1
Stage 2			
SPE8220	MSc Speech and Language Pathology II: Head and Neck	10	1& 2
SPE8221	MSc Clinical and Professional Education II	40	1, 2 & 3
SPE8217	MSc Brain and Behaviour II	20	1
SPE8218	MSc Speech and Language Pathology II: Cognitive	20	1 & 2
SPE8219	MSc Speech and Language Pathology II: Motor	20	1 & 2
SPE8214	Research Methods in Clinical Practice	40	1, 2 & 3
SPE8204	Dysphagia	10	1
SPE8210	MSc Phonetics II	20	1 & 2

Reading lists are available for all modules. You can find these at: https://rlo.ncl.ac.uk/
You will need the module codes.

APPENDIX B: OVERVIEW OF CLINICAL ASSESSMENT

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 (12 sessions)	Written communication profile Clinical evaluation report
	2	Half-day campus based placement (12 sessions)	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 Portfolio Clinical evaluation report
SPE4052	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

MSc Language Pathology

Module	Semester	Clinic	Assessment
MSc 1			
SPE8160	1	Half day campus-based placement (12 sessions)	Written reflection Clinical evaluation report (campus clinic)

	2	Half day campus-based placement (12 sessions)	Clinical evaluation report (campus clinic) Written case report Unseen clinical viva
	3	6 week external placement (5 days/week)	Clinical evaluation report (external clinic)
MSc 2			
SP8221	1	Extended Case placement (over 8 weeks)^	
	3	8-week block placement (child/adult/mixed) (5 days/week)	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.

APPENDIX C: SESSION OBSERVATION AND FEEDBACK FORM

Student: _____ Client: _____

Practice Educator: _____ Date: _____

These areas are taken largely from the competencies in the Clinical Evaluation Report. Both student and practice educator may wish to take a copy of this form following the session.

Area	Comments	Questions arising
Establishes rapport		
Administers assessment appropriately		
Explains aims of intervention		
Introduces & explains task clearly		
Gives appropriate feedback on performance		
Able to modify behaviour according to client's response		
Facilitates client participation		
Appropriate preparation for session (including time-keeping)		
Appropriate use of non-verbal communication		
Other		

APPENDIX D: EXAMPLE OF CLINICAL EVALUATION REPORT: STAGE 3

Newcastle University
Speech & Language Sciences

Module Code: SPE3050

STAGE 3 SEMESTER 1 PLACEMENT CLINICAL EVALUATION REPORT

Student name:

Practice educator(s):

Placement details

Semester: 1 2 **Dates:**

Service/organisation(s):

Caseload/client group(s): **Specific Setting(s)**:

Placement type: Singleton / Peer / Satellite/mixed (if mixed please specify) _____

No. of sessions attended: **No. of sessions absent:**

Punctuality: Satisfactory/Unsatisfactory

Appropriate personal appearance: Satisfactory/Unsatisfactory

Guidelines for Completion

The Clinical Evaluation Report (CER) is based on the clinical competencies students are expected to develop during their clinical education.
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 and service delivery.

If you have any queries about the completion of the CER, please contact the Director of Clinical Education
helen.raffell@ncl.ac.uk or 0191 208 8763

For the Student: The CER should be used alongside your ePortfolio (NU Reflect) to create a full record of your clinical placement. Prior to discussion of CER with your practice educator at the end of placement you should complete the comments in each section, these should include reflection on your skills and progress in each area, using examples of experience as evidence to demonstrate emerging or competent skills.
For the Practice Educator: The CER should be referred to throughout the placement:

At the **start of the placement** it can be used along with the student's personal clinical goals to plan placement experiences.

Mid-placement you should complete the mid-term evaluation form found at the start of this report. This provides brief feedback on each of the areas assessed in the report. It is the opportunity to highlight particular areas of strength and to make the student aware of the steps needed to attain an appropriate level of skill in each area by the end of the placement. **If you have any concerns about the student's performance at this stage, please contact the Director of Clinical Education.**

At the **end of placement evaluation,** you complete the full CER. It is helpful to ask the student to complete their comments prior to you completing the report. Circle the level of competence you believe the student to have reached by the end of the placement for each competency. Complete the comments at the end of each section and record the mark (Pass or Fail) at the end of the report. If more than one practice educator is supervising the student it is helpful if all can discuss the student's performance and collate their comments.

If your assessment of performance is that the student is borderline Pass/Fail, please contact the Director of Clinical Education to discuss the mark before meeting with the student.

At the end of the report, there is an opportunity to provide overall comments about the student's performance:- areas of strength, areas where significant progress has been made, areas for future development. This section is important for monitoring the student's overall progress. Following discussion with the student, you should both sign the CER. It is helpful if the student can have a copy of the CER for their own records.

The completed final CER should be returned to the clinical secretary within two weeks of the end of the placement. Please do not give it to the student to deliver.

Guidelines for Marking Competencies

Students are expected to demonstrate consistent ability in each of the competencies by the end of the course. The levels of competence that the student is expected to achieve 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.

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

or

The student has demonstrated some ability in this area though has had limited opportunity to develop skills in this area during this placement

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.

When determining a Pass/Fail, where there are competencies that are below the level expected for their stage in the course, it is important to consider what opportunities the student has had to demonstrate the competency. A Fail is more likely to be appropriate if the student has had opportunities to show consistent ability (and has not done so). A Fail is also more likely to be appropriate if the student has not reached the level expected for competencies which underpin a number of others e.g. the ability to establish rapport underpins other competencies linked to the delivery of assessments and intervention, being dependable in carrying out instructions and following process potentially impacts all aspects of clinical performance. Where performance is borderline, the CER will be considered by the Director of Clinical Education.

MID-PLACEMENT EVALUATION

Name of Student: .....

Please complete at mid-placement and return to the university with the final report.

STRENGTHS/AREAS FOR FURTHER DEVELOPMENT:
(This may be related to specific numbered competencies and/or personal clinical goals).

A. **Personal and Professional Conduct**

B. **Professional Practice**

C. **Assessment and Diagnosis**

D. **Planning and Delivering Intervention**

E. **Service Delivery**

At this stage, I expect that by the end of the placement the student will have:

☐ reached competency in most or all areas expected for the corresponding stage of the course providing there is further/continued progress in the areas identified above.

☐ not reached the level of competence required for the corresponding stage of the course.
I have contacted the Director of Clinical Education with my concerns. ☐

Signature of Practice Educator: ..... **Date: .....**

Signature of Student: ..... **Date: .....**

Section A: Personal and Professional Conduct

A1	Maintains high standards of personal and professional conduct	**Competent**	Emerging	Not evident	Not applicable
A2	Understands the scope of a professional duty of care and exercise that duty	**Competent**	Emerging	Not evident	Not applicable
A3	Identifies the limits of their practice and when to seek advice or refer to another professional	**Competent**	Emerging	Not evident	Not applicable
A4	Understands and applies policies and guidance relevant to their relevant profession and scope of practice	**Competent**	Emerging	Not evident	Not applicable
A5	Promotes and protects the service user's interests at all times	**Competent**	Emerging	Not evident	Not applicable
A6	Respects and upholds the rights, dignity, values and autonomy of service users, including their role in the assessment, diagnostic treatment and/or therapeutic process	**Competent**	Emerging	Not evident	Not applicable
A7	Recognises that relationships with service users, carers and others should be based on mutual respect and trust, maintaining high standards of care in all circumstances	**Competent**	Emerging	Not evident	Not applicable
A8	Responds appropriately to the needs of all different groups and individuals in practice, recognising that this can be affected by difference of any kind including, but not limited to protected characteristics, intersectional experiences and cultural differences	**Competent**	Emerging	Not evident	Not applicable
A9	Recognises that they are personally responsible for and able to justify their decisions and actions	**Competent**	Emerging	Not evident	Not applicable

Student Comments on Personal & Professional Conduct

Practice Educator Comments on Personal & Professional Conduct

Section B: Professional Practice

B1	Understands the value of and demonstrates reflective practice	**Competent**	Emerging	Not evident	Not applicable
B2	Dependable in carrying out instructions and following process	**Competent**	Emerging	Not evident	Not applicable
B3	Manages their own workload and resources safely and effectively	**Competent**	Emerging	Not evident	Not applicable
B4	Understands the importance of and maintains confidentiality	**Competent**	Emerging	Not evident	Not applicable
B5	Keeps full, clear and accurate records in accordance with legislation, protocols and guidelines	**Competent**	Emerging	Not evident	Not applicable
B6	Manages records and all other information in accordance with applicable legislation, protocols and guidelines	**Competent**	Emerging	Not evident	Not applicable
B7	Uses digital record keeping tools where required	**Competent**	Emerging	Not evident	Not applicable

B8	Writes concise and accurate professional reports	**Competent**	Emerging	Not evident	Not applicable
B9	Uses effective and appropriate verbal and non-verbal skills to communicate with service users and carers	**Competent**	Emerging	Not evident	Not applicable
B10	Uses effective and appropriate verbal and non-verbal skills to communicate with colleagues and others	**Competent**	Emerging	Not evident	Not applicable
B11	Accepts and responds to constructive feedback	**Competent**	Emerging	Not evident	Not applicable
B12	Exercises personal initiative	**Competent**	Emerging	Not evident	Not applicable
B13	Demonstrates a logical and systematic approach to problem solving	**Competent**	Emerging	Not evident	Not applicable
B14	Uses research, reasoning and problem solving when determining appropriate actions	**Competent**	Emerging	Not evident	Not applicable
B15	Engages in evidence-based practice	Competent	**Emerging**	Not evident	Not applicable
B16	Recognises the principles and practices of other health and care professionals and systems and how they interact with their profession	Competent	**Emerging**	Not evident	Not applicable
B17	Understands the importance of and is able to obtain valid consent, which is voluntary, informed has due regard to capacity, is proportionate to the circumstances and is appropriately documented	**Competent**	Emerging	Not evident	Not applicable
B18	Recognises and responds in a timely manner to situations where it is necessary to share information to safeguard service users, carers and/or the wider public	**Competent**	Emerging	Not evident	Not applicable

Student Comments on Professional Practice

Practice Educator Comments on Professional Practice

Section C: Assessment and Diagnosis

C1	Gathers appropriate information	**Competent**	Emerging	Not evident	Not applicable
C2	Uses information from multi-disciplinary reviews, case conferences and other methods of review	**Competent**	Emerging	Not evident	Not applicable
C3	Analyses and critically evaluates the information collected	**Competent**	Emerging	Not evident	Not applicable
C4	Selects and uses appropriate assessment techniques and equipment	**Competent**	Emerging	Not evident	Not applicable
C5	Undertakes a thorough, sensitive, and detailed assessment	**Competent**	Emerging	Not evident	Not applicable
C6	Undertakes or arranges investigations as appropriate	Competent	**Emerging**	Not evident	Not applicable
C7	Provides feedback from the assessment to service user and carer	**Competent**	Emerging	Not evident	Not applicable
C8	Administers, records, scores, and interprets a range of published and self-generated assessment tools to describe and analyse service users' abilities and needs using, where appropriate, phonetic transcription, linguistic analysis, instrumental analysis and psycholinguistic assessment	**Competent**	Emerging	Not evident	Not applicable
C9	Recognises the possible contribution of social, psychological, and medical factors to service users' communication difficulties and swallowing status covered in diagnosis	**Competent**	Emerging	Not evident	Not applicable
C10	Recognises the influence of situational contexts on communicative functioning and swallowing status	**Competent**	Emerging	Not evident	Not applicable

C11	Applies knowledge of communication impairment, linguistics, phonetics, psychology and biomedical sciences to the differential diagnosis of a range of communication and swallowing impairments	Competent	**Emerging**	Not evident	Not applicable
C12	Evaluates the effects of communication difficulties and swallowing status on the psychosocial wellbeing of service users, their families, and carers.	Competent	**Emerging**	Not evident	Not applicable

Student Comments on Assessment & Diagnosis

Practice Educator Comments on Assessment & Diagnosis

Section D: Planning and Delivering Intervention

D1	Makes reasoned decisions to initiate, continue, modify, or cease treatment	Competent	**Emerging**	Not evident	Not applicable
D2	Makes and receives appropriate referrals where necessary	Competent	**Emerging**	Not evident	Not applicable
D3	Works in partnership with service users, carers, colleagues, and others	**Competent**	Emerging	Not evident	Not applicable
D4	Contributes effectively to work undertaken as part of a multidisciplinary team	Competent	**Emerging**	Not evident	Not applicable
D5	Works with service users and/or their carers to facilitate service user's preferred role in decision-making, and provides service users and carers with the information they may need where appropriate	**Competent**	Emerging	Not evident	Not applicable
D6	Supports the communication needs of service users and carers, such as through the use of an appropriate interpreter	**Competent**	Emerging	Not evident	Not applicable
D7	Provides service users or people acting on their behalf with the information necessary in accessible formats to enable them to make informed decisions	**Competent**	Emerging	Not evident	Not applicable
D8	Formulates specific goals and appropriate management plans including the setting of timescales	**Competent**	Emerging	Not evident	Not applicable
D9	Provides clear and appropriate session plans	**Competent**	Emerging	Not evident	Not applicable
D10	Makes reasoned decisions about the use of treatment techniques or procedures	Competent	**Emerging**	Not evident	Not applicable
D11	Uses appropriate materials (including developing or modifying existing resources)	**Competent**	Emerging	Not evident	Not applicable

D12	Uses information, communication and digital technologies appropriate to their practice	**Competent**	Emerging	Not evident	Not applicable
D13	Conducts appropriate treatment, therapy or other actions safely and effectively	**Competent**	Emerging	Not evident	Not applicable
D14	Establishes and maintains rapport	**Competent**	Emerging	Not evident	Not applicable
D15	Explains aims of intervention to service user and/or carer where appropriate	**Competent**	Emerging	Not evident	Not applicable
D16	Introduces and explains tasks clearly and informatively	**Competent**	Emerging	Not evident	Not applicable
D17	Modifies means of communication to address the individual communication needs and preferences of service users and carers, and removes any barriers to communication where possible	**Competent**	Emerging	Not evident	Not applicable
D18	Gives feedback effectively and informatively to service user	**Competent**	Emerging	Not evident	Not applicable
D19	Identifies anxiety and stress in service users and carers adapting their practice and providing support where appropriate	Competent	**Emerging**	Not evident	Not applicable
D20	Gathers and uses feedback and information, including qualitative and quantitative data, to evaluate the response of service users to their care	Competent	**Emerging**	Not evident	Not applicable
D21	Evaluates care plans or intervention plans, using recognised and appropriate outcome measures, in conjunction with the service user where possible	Competent	**Emerging**	Not evident	Not applicable
D22	Changes their practice as needed to take account of new developments, technologies and changing contexts	**Competent**	Emerging	Not evident	Not applicable

Student Comments on Planning and Delivering Intervention

Practice Educator Comments on Planning and Delivering Intervention

Section E: Service Delivery

E1	Understands the need to maintain the safety of themselves and others, including service users, carer, and colleagues	**Competent**	Emerging	Not evident	Not applicable
E2	Demonstrates awareness of relevant health and safety legislation and complies with all local operational procedures	**Competent**	Emerging	Not evident	Not applicable
E3	Works safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation	**Competent**	Emerging	Not evident	Not applicable
E4	Selects appropriate personal protective equipment and use it correctly	**Competent**	Emerging	Not evident	Not applicable
E5	Establishes safe environments for practice which appropriately manage risk	**Competent**	Emerging	Not evident	Not applicable
E6	Monitors and systematically evaluates the quality of practice, and maintains an effective quality management and quality assurance process working towards continual improvement	Competent	Emerging	**Not evident**	Not applicable
E7	Participates in quality management, including quality control, quality assurance, clinical governance and the use of appropriate outcome measures	Competent	Emerging	**Not evident**	Not applicable
E8	Promotes and engages in the learning of others e.g. training and acts as a role model	**Competent**	Emerging	Not evident	Not applicable
E9	Manages caseload (e.g. prioritises workload, balances work across service users)	Competent	**Emerging**	Not evident	Not applicable

Student Comments on Service Delivery

Practice Educator Comments on Service Delivery

General Feedback on Placement (for Practice Educator to complete)

Areas of particular strength or where particular progress has been made during the placement

Any areas of concern or aspects for future development (these could form the basis of the student's personal clinical goals for the next clinical placement)

Overall Mark:

FAIL ☐

PASS ☐

If the evidence suggests it is borderline Pass/Fail, please contact the Director of Clinical Education to discuss the mark.

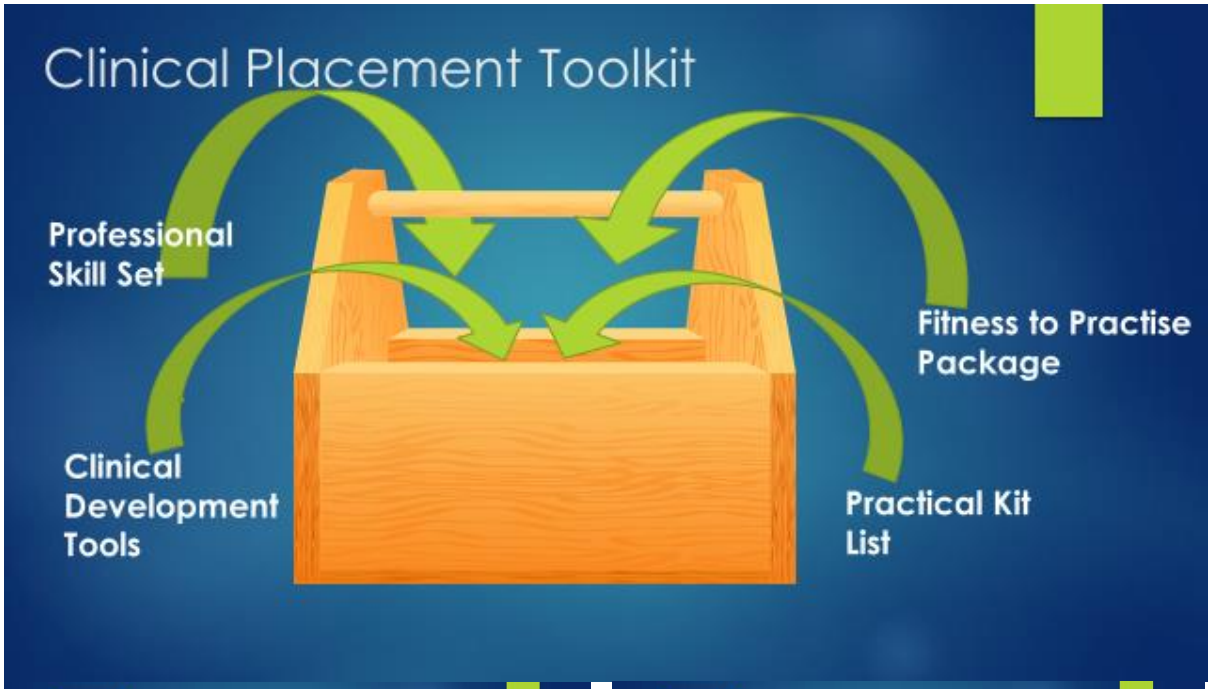
Signature of Practice Educator(s): ..... Date: .....

Signature of Student: ..... Date: .....

Please list below the full names, email and postal address of all of the Practice Educators working with this student. In addition, please give details of the SLT manager to whom a copy of the feedback should be sent. This will help us to ensure that feedback from students is delivered to the right place.

SLT Name: Email:	SLT Name: Email:
SLT Name: Email:	SLT Name: Email:
SLT Manager Name: Email:	

APPENDIX E: Clinical Placement Toolkit



Fitness to Practise package

- Code of Professional Conduct
- Occupational Health clearance
- DBS declaration
- Information Governance Training
- Essential reading - key policies and procedures

Clinical Development tools

- Clinical Evaluation Report
- Clinical Passport – share with PE(s) before placement commences
- Personal Clinical Goals
- ePortfolio

Practical Kit List

- Hard copy of your placement letter
- Smartcard as ID badge
- Basic equipment – stationery items
- Reading, activities to complete

Professional Skill Set

- Consider the skills required for the workplace and expectations within the service
- You are representing the service, the university and SLT profession
- CER: Ensure familiarity with 'Section A: Professionalism' competencies – consider how you will demonstrate competencies across all aspects of the placement