

Speech & Language Sciences Clinical Handbook

2023-24

BSc (Hons) Speech & Language Therapy

MSc Speech & Language Therapy

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<https://www.leedsbeckett.ac.uk/studenthub/placement-information/health-and-social-care-practice-learning-team/>

### Welcome

Welcome to our practice-based learning handbook.

Thank you for your support for practice-based learning for both our BSc and MSc students.

This handbook holds all of the documents required to support students on both the BSc and MSc programmes from Leeds Beckett University. It is aimed at both educators and students.

### This handbook

The handbook is divided into the following sections:

Part A: Placement philosophy and management

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PART A

Placement Philosophy & Management

### Speech and Language Therapy Practice Education

Speech and language therapy practice-based learning at Leeds Beckett University is designed to provide learners with high quality opportunities that will enable them to acquire, develop and refine their clinical and professional skills over the course of their pre-registration education. Integrated learning from the academic curriculum alongside practice placement experience ensures that newly qualified therapists (NQPs) meet the HCPC Standards of Proficiency and equips them with the skills needed for contemporary speech and language therapy practice ([RCSLT Curriculum Guidance 2021](https://www.rcslt.org/wp-content/uploads/2020/08/RCSLT-Curriculum-Guidance-March2021.pdf)). The overarching management of placement provision and placement education ensures that the programme meets the HCPC Standards of Education and Training ([HCPC SETs](https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/)).

### Partnerships with our practice education providers

Collaboration between practice placement co-ordinators, practice educators, learners, service users and carers, academic staff, and the placements team is central to our placement philosophy. Leeds Beckett hosts the **Speech and Language Therapy Placement Steering Group**, chaired by the Director of Practice Learning (DPL) and attended by clinical academic staff, practice placement coordinators, practice learning facilitators (PLFs), and members of the Health and Social Care Practice Learning Team. It provides a forum for consultation and discussion on a wide range of practice matters including, any local issues that may impact placement capacity and supporting students with disabilities in practice settings.

In addition, the Head of Subject attends the **Yorkshire Speech and Language Therapy Managers Group** which meets 3 times a year and comprise speech and language therapy service leads and representatives from Higher Education Institutes (HEIs) from across the Yorkshire and Humber sub-region of NHS England (North). The group facilitates sharing good practice in relation to service delivery and is an opportunity for HEIs to ensure they have a good understanding of current issues in practice as well as to consult the group on education matters.

As well as the more formal meetings, members of the university teaching team are **link lecturers** for geographical areas within Yorkshire and the Humber, acting as first point of contact for general queries and advice and arranging bespoke updates when requested by placement settings.

All students are allocated an Academic Advisor (Senior lecturer) who will meet with students prior to their placements. They will discuss key clinical skill development, any additional needs that the student may have, and any necessary reasonable adjustments required for their placement. This information will be shared with practice educators ahead of the placement and can be discussed further with the academic advisor at any time.

Academic advisors will contact the practice educator at around the mid-point of each placement to check in with educators and support them with any queries or concerns. If required, the academic advisor may request to meet with the practice educator and student to facilitate a 3 way conversation and agree on an action plan. The meeting could take place online, at University, or a visit to the placement setting. However, all practice educators are encouraged to contact the University at the first opportunity with concerns or queries related to specific students or general placement issues. In a wider context, practice educators are invited to be involved in university admissions and in clinical assessments.

We value the opportunity to bring a broader perspective to our placement strategy by engaging in professional networks to inform placement practice and developments. Nationally, University, Clinical Education Leads attend the bi-annual **Directors of Clinical Education forum hosted by RCSLT** which provides an opportunity for Higher Education Institutions (HEIs) to consider cross-cutting issues for placement provision such as capacity and ‘placement footprint’, as well as identifying and sharing good practice in matters such as student assessment, progression in the placement setting and students’ contribution to the workforce. Clinical Education Leads are also actively engaged in the RCSLT work stream on placement education to improve support for practice educators, HEIs and students, and are actively engaged in sharing best practice at forums such as the Practice Educator Clinical Excellence Network and the National Association of Educators in Practice.

The Head of Subject or the Course Director attend twice-yearly meetings at **CREST (Committee of Representatives of Education in Speech & Language Therapy)** which considers pre-registration speech and language therapy education in a broader context. The DPL also attends the Regional AHP forum and the HEI Directors of Practice meetings to network locally and help to determine strategic and collaborative direction.

### Roles and Responsibilities in Practice Education

### Placements Team

A wide variety of people work together to ensure that placements are successful from the perspective of both students and practice educators.

|  |  |
| --- | --- |
| HEI  |  |
| University Clinical Education Lead | Regional overview of practice learning including capacity management, quality monitoring, analysis of training needs, and development of new resources. The clinical education lead has an advisory role within the clinical academic team and works closely with the Practice Learning Team (PLT) in the strategic and operational management of placements. Takes a lead in sourcing new placement opportunities and developments to enhance placement quality. Links to regional and national groups for practice learning.  |
| Link Lecturer | Responsible for supporting practice placement co-ordinators and practice educators in specific regions of Yorkshire and Humber. Source of advice and help with general queries, supporting quality monitoring within the trust, providing bespoke updates and attending staff meetings to facilitate discussion on student placement matters.  |
| Academic advisor  | All students are allocated an academic advisor, who takes a clinical tutor role, to support their practice learning through working with them in small groups or, as needed, individually. The academic advisor acts as a point of liaison between the student and practice educator whilst the student is on placement.  |
| Practice Learning Administrator  | The SLT Practice Learning Administrator works within the Practice Learning Team. The practice learning administrator processes all of the forms associated with the allocation process and student personal details and fields queries and enquiries from practice educators regarding their allocations, placement documentation and timelines. The administrator also coordinates practice educator courses.  |
| Disability Advisor | As part of their wider role, the disability advisor works closely with the University course team to ensure that students who require reasonable adjustments can be allocated suitable placements and receive the support required to complete them successfully. They offer advice on how reasonable adjustments can be facilitated in the practice setting in line with the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents) and run and contribute to practice educator training.  |
| Placement Setting |  |
| Service manager (role re practice education) | Service lead who oversees service policy re placements, and supports staff to attend practice educator training, to offer and provide placements; should ensure practice education is on SLTs job descriptions and discussed at PDR.  |
| Practice Placement Coordinator | A speech and language therapist who takes the lead for practice learning within the setting. The co-ordinator has an overview of placement capacity and quality, supports practice educators and liaises with the HEI on aspects of practice learning such as training needs. Collates the placement offer from the setting and provides the relevant information to the University. |
| Practice Educator | Practice educators have responsibility for student learning and assessment in the practice setting.  |
| Practice Learning Facilitator (PLF) | Based in practice areas with responsibility for ensuring that quality and capacity of placement opportunities are maintained across all health professions in the Trust or area.  |
| Students | Managing their learning and professional relationships, alerting the practice educator and HEI to any problems that might prevent progress or satisfactory completion of the placement. Students should understand that the priority for a clinician is the service user.  |

### Health and Social Care Practice Learning Team

The Practice Learning Team (HSC) co-ordinates all placement activity across health and social care courses in the Leeds School of Humanities and Social Sciences, School of Health & Community Studies and School of Clinical and Applied Sciences. Under the academic leadership of the Director of Practice Learning, the team is responsible for developing and managing policies and systems for all aspects of placement learning:

* overview of quality assurance and monitoring through the relatively new Practice Assessment Record and Evaluation (PARE) [www.onlinepare.net](http://www.onlinepare.net)
* commissioning Occupational Health (OH) services and providing a system of DBS checks
* managing pre-course occupational health and DBS checks
* managing OH referrals and maintaining fitness to practice information
* commissioning and managing e-learning mandatory training and maintaining records of student completion
* providing insurance and organising honorary contracts for students and placement settings not included in the Learning Development Agreement (LDA)
* provide guidelines and supporting set-up of Private, Independent and Non-NHS Organisations (PIVO) placements
* organising and administering tariffs for practice education
* commissioning and distributing student Smartcards and uniforms
* hosting and updating the practice learning website
* co-ordination of practice education courses and maintaining records of attendance
* support student placement allocation process
* provide point of contact for practice educators and students

## Allocating Placements

Placements are allocated primarily on the basis of students’ needs in terms of clinical experience. In addition, reasonable adjustment plans, known health and learning needs, as well as mitigating and personal circumstances are considered.

All placement offers and allocations are managed through an electronic database, InPlace, ensuring that placements are sourced equitably from providers across the region. The system also enables student placement pathways to be modelled, ensuring that each ‘student journey’ contains a variety of experiences and meets the core requirements for a balance of adult and paediatric placement sessions, as identified by the RCSLT. This has been achieved through identifying a range of labels for placement settings which are requested via the offer form and tagged within the software.

Where possible we aim to advise students and placement settings of placement allocations a minimum of 4 weeks prior to the start date of placement. If a placement does not go ahead due to operational reasons such as withdrawal of placement or student health needs, we will contact the relevant parties as soon as possible, to seek alternative arrangements.

### Placement Support

### Practice educators

The RCSLT calls on all practising SLTs to share the responsibility for supporting the future workforce, and to offer a minimum of 25 days of practice-based learning per year per whole time equivalent (pro rata).

###

### Training for practice educators

The HCPC [SETs](https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/) state that ‘Practice Educators must undertake regular training which is appropriate to their role, learners’ needs and the delivery of the learning outcomes of the programme’. The University delivers onsite, online and a distance learning educator training programme. The university offers two educator programmes; new educator training, suitable for educator's new to clinical teaching (2 years after qualifying), and refresher training for experienced educators. RCSLT recommend that all educators should have refresher training every 3 years.

The programmes cover an introduction to key skills in practice education such as giving feedback and working with different learning styles and use scenarios and group discussions to support educators in understanding how best to support students on placement.

In addition to the introductory units all training covers:

* Learning outcomes of the BSc and MSc courses
* How to use the ‘Core Skills’ documents to record student progress across the range of competencies over the duration of the placement
* Review learning progress
* Set learning objectives
* Create action plans with students.
* Practical solutions to support your service during student placements
* How to support students with reasonable adjustment plans

Link lecturers can arrange bespoke updates for a team, for example as part of a staff meeting. We also welcome educators to engage with CPD activities at the University. You can attend seminars, lectures and workshops, be involved in the admissions process, or engage in student assessment with the tutor team at the University. Please contact sltplacements@leedsbeckett.ac.uk or go to [the HCS Practice Learning Team website](http://www.leedsbeckett.ac.uk/studenthub/placement-information/health-and-social-care-practice-learning-team/) for information.

### Practice Educator Handbook

Section B of this handbook provides comprehensive information about:

* Roles and responsibilities
* Offer and allocation processes
* Working with students on placement
* Grading
* Feedback following placement
* Sources of information and support
* Full details of how to contact the University

### Support for Students

Through a combination of teaching, learning and assessment, alongside individualised support as needed, students should be successful on their placements.

### Supportive curriculum design

The speech and language therapy undergraduate and post-graduate curriculum are designed to be practice – oriented and to ensure that students at University are well prepared to meet their HCPC Standards of Proficiency.

### Timing and structure of placements

Students are provided with a variety of placement experiences across settings and service user groups, and may also undertake practice-based learning activities such as case discussion, training and project work, as appropriate.

The minimum requirement for placement sessions is advised by the RCSLT practice-based learning guidance (2021) as 100 sessions overseen by a qualified speech and language therapist, of which at least 30 hours must be with paediatric and 30 with adult client groups, with the remainder organised to reflect local service delivery practice and needs (RCSLT, 2021). Further sessions to bring the minimum number of placement and clinically-related sessions to a total of 150 sessions may be undertaken in areas associated with SLT, for example, in other educational or social care settings.

Both BSc (Hons) and MSc pre-registration courses provide a combination of ongoing (one day a week over a series of weeks) and block (four days a week for a series of weeks) placements. Ongoing placements allow students to integrate their incremental learning from University over the course of the placement, and gain support through University seminar groups. Block placements offer an immersive experience where students become part of the placement setting team.

### Core Skills

Students on placement work towards the Core Skills (Appendix 9) which have their foundations in the HCPC Standards of Proficiency 2023 ([SOPs](https://www.hcpc-uk.org/standards/standards-of-proficiency/)) and require students to demonstrate a range of competencies across the 4 key areas of:

* Professional conduct
* Communication skills and working in partnership
* Clinical skills
* Application of theory to practice

Core skills map directly onto placement learning outcomes; supporting students and practice educators to have a clear understanding of progress towards meeting the learning outcomes. The core skills document clearly specifies the requirements for progression over the course of each placement experience, enabling practice educators to apply assessment criteria consistently. The core skills document provides: a clear definition of when a core skill should be assessed as ‘not demonstrated’, ‘emerging’ or ‘appropriate’ for the level of training.

* Differentiated expectations at year 1, year 2 and year 3 (BSc) and year 1 and year 2 (MSc)
* Guidance as to what is expected at the mid and end points of each placement
* Advice on when to contact the University regarding concern over a student’s progress in the Core Skills
* Information on how to award a PASS or FAIL grade on the placement
* Please note that all students must pass each placement, to enable them to meet the appropriate level for their clinical learning to proceed.

### Clinical and Professional Studies

A clinical ‘capstone’ module at each level of the BSc and MSc gives students the opportunity to integrate their learning from other modules and apply it. Capstone modules are primarily taught through case-based learning in small groups, enabling them to explore the application of theory to practice and to develop key clinical and professional skills that will support their placement learning. Students are prepared for practice learning by ‘working through’ cases, making decisions about assessment and management, informed by theory drawn from learning across the curriculum. Students also learn key clinical skills such as record keeping, making referrals and discharging clients.

### ePortfolios

In-depth learning through the courses is supported through an ePortfolio platform called PebblePad. ePortfolio are a student-centred method of fostering and documenting complex learning, enabling learners to recognise, record, reflect upon, and plan their own development, integrating knowledge and skills from academic learning as well as experiences from placement and elsewhere. They prepare students for placement and life-long learning in practice by encouraging them to take responsibility for their own development through understanding what they can do and what they still need to learn.

### Interprofessional Learning (IPL)

The University has a well-established IPL programme running through all of its AHP courses with IPL workshops. IPL is embedded into the clinical and professional skills modules at each level of both courses and includes working with a range of healthcare students from nursing, physiotherapy, OT, dietetics, social work and mental health nursing alongside tutors from those professions. These learning experiences help to prepare students for multi-professional practice settings.

### Simulated Learning

Students on both courses take part in simulated learning, working with actors who play the part of clients or carers. Scenarios are based around challenging situations and provide the opportunity for students to practice advanced interpersonal communication skills, including solution focused and health coaching approaches, in a safe environment.

### Other support

All students are allocated an Academic Advisor whose role is to support students’ academic development and identify and signpost them to help as needed such as specialist learning support, money advice or wellbeing services. Students who have specialist learning needs or who require other reasonable adjustments are encouraged to share this information with their practice educator via the Student Placement Planning form (Appendix 2) and this process is supported by the student’s academic advisor. The academic advisor acts as a point of liaison between the student and practice educator whilst the student is on placement.

Prior to starting placement, students receive a thorough clinical placement briefing. Students are advised both in the clinical briefing and the handbook that if they experience any difficulties whilst on placement, they should contact their academic advisor as soon as they have a concern. The academic advisor will discuss the concerns with the student and act as required. This may include clinical tutorials within University and/ or contacting or visiting the student in the placement setting. The tutor may discuss areas of concern or personal or health issues that the students agree to share, and work with the student and practice educator to identify and agree on points for action, a timescale, and support required.

### Learning Resources

Students have access to the University Library which gives access to books, journals, ebooks, databases, video resources, and computer software to support academic work. The Library have adapted as much as possible to provide digital resources where they can.

Students also have access to the University ‘Speech and Language Therapy Resources Room’ which contains SLT specific books, clinical assessments, computer programmes and other clinical tools. These can be used to support learning and preparation for placement but cannot be removed from the room and taken to a placement setting. We are delighted that we now have an onsite SLT clinic at the University welcoming adult clients and we are excited to expand the clinic over the coming year.

**Fitness to Practice and Mandatory Training**

Students undertake mandatory training through the online platform supported by NHS England called E-learning for healthcare. This programme has been adopted for all Health and Social Care students to deliver required mandatory training modules listed below:

* Data security including information governance
* Equality and diversity
* Health and safety
* Basic life support
* Infection prevention control
* Moving and handling
* Fire safety
* Safeguarding adults and children
* Preventing radicalisation
* Resuscitation for adults and children

Students maintain their ‘Fitness to Practice’ record on their ePortfolio, which must be completed prior to placement. In addition to mandatory training, DBS and occupational health status is also recorded, along with confirmation that students have read and understood the HCPC Standards of Proficiency, HCPC Guidance on Conduct and Ethics for students and HCPC Confidentiality – guidance for registrants. The [Leeds Beckett Fitness to Practice Policy and Procedure](http://www.leedsbeckett.ac.uk/public-information/student-regulations/). Follow the link and click on ‘Student Conduct’; this applies to all students on the speech and language therapy courses.

### Quality Monitoring and Placement Capacity

Practice Assessment Record & Evaluation (PARE)

The quality of placement education is crucial to shaping the therapists and the profession of the future. It is vital that training is quality assured as being of the highest possible standard.

In line with Health Education England (HEE) guidance, we use the Practice Assessment Record and Evaluation held on <https://onlinepare.net>. Educators will receive activation and login details of this from their Trusts/management teams. PARE provides details of each placement experience and can be accessed by students before they start their placement.

PARE hosts the following functions:

* A student evaluation questionnaire
* A practice placement profile
* The regional educational audit tool
* A practice educator register

Embedded in PARE, the audit tool enables HEI tutors to audit the placement experience on a 2-yearly basis. The audit tool is based on the principles of:

* Partnership working
* Multi-professional approach
* Minimisation of burden
* Shared responsibility for audit
* Action planning and ongoing review
* Quality enhancement

Auditing takes place in a joint meeting between the Practice Placement Co-ordinator, University Link Lecturer and Practice Learning Facilitator (where relevant) and considers the domains of equality and diversity; teaching learning and assessment; learning environment and resources and quality. Whilst this joint approach to the formal audit process provides an additional opportunity for informal discussions on wider student placement matters, all Practice Placement Co-ordinators and Educators are asked to contact the University at any time if they have queries or concerns.

The PARE audit houses the student evaluation questionnaire which is conducted by each student following their placement. It is a requirement of the University that all students complete this following placement and, as part of the audit process, questionnaires are reviewed jointly to identify themes of good practice and any areas for development. There is a practice educator evaluation tool that allows our practice partners to evaluate their own experience of the practice placement. Feedback from students and from practice educators forms the basis for ongoing development and is monitored by the HEI placement co-ordinator.

## NHS Education Contract

Historically, each Local Education and training Board (LETB) has developed its own Practice Learning and Development Agreement (LDA) which includes a contract between NHS England and the individual trust to provide practice education for healthcare courses. This has been superseded by a national NHS Education contract which covers all healthcare students in any placement across the UK. NHS England monitors both capacity and quality issues across all healthcare education within Trusts and this information is triangulated with the HEI report. Monitoring themes include student recruitment, learning within the university, learning within the practice setting and student completion and commitment. Performance across these themes, along with an analysis of PARE data is reported by the Director of Practice Learning at an Annual Contract Review meeting, which includes meeting with students across the professions. If required, action plans are developed.

## Arrangements for Private, Independent and Voluntary Organisations (PIVO)

A separate learning agreement currently regulates the relationship between the University and the Private, Independent, Voluntary and Non-NHS Organisations relating to the provision of placements for students in these settings, including long arm placements. As with all other placements, PIVOs set up a PARE profile and quality is monitored via the audit. In addition to the standard student feedback following placement as part of the evaluation, students on long-arm placements are requested to complete additional evaluations of their placement experiences so that the University can monitor quality and appropriateness of the placement in terms of both student learning and support within the setting.

### Approval of Placements

The University Placement Co-ordinator takes responsibility for approval of new placements. All new placement settings develop a PARE profile so that students are able to evaluate the experience enabling support and development needs to be identified. The practice placement profile informs the student of the logistics of the experience and the learning experiences that the placement will provide. A pre-audit occurs to ensure that the placement meets the NHS England standards and to determine the capacity and then allocations can take place. Health and safety and risk assessments are completed to make sure the placement is suitable and that any extraordinary risks are identified. Once a student has completed a placement then an audit of the experience will occur and evaluation of the support and learning is conducted. The University team evaluate the placement at the end of the first student placement, taking on board feedback from the practice educator and the student. If the placement has been successful future offers will be indicated.

### Placement Capacity

The availability of practice placements is determined by the number of approved placement providers that can supply them. Trusts and PIVOs across the Yorkshire and Humber region are involved in student placements. Placement capacity is identified by the HEI based on student numbers and required sessions, as set by RCSLT. Data on FTE practice educators is supplied to the Practice Learning Team by placement providers.

A ‘fair share’ targeted capacity approach is used allocate student placements in an equitable way. Each year student numbers inform the number of placement days required and this is divided by the SLT FTE across the placement region to identify a target number of placement days offered per FTE speech and language therapist.

## Placement opportunities

We are involved in many exciting practice placement opportunities in the form of leadership and research placements, increased student: educator ratio placements, and a range of project style placements. These placements have been innovative, impressive, and have hugely supported placement expansion in our region. They have increased flexibility to offer different placement experiences which still enable students to achieve practice-based learning competencies. We are committed to continuing this work and developing further innovative placements.

The University welcomes its onsite SLT clinic run by a University Lecturer, throughout the placement timetable. It offers a range of clinical placement opportunities for our students to work with adults who have acquired communication difficulties and will support placement capacity.

PART B

INFORMATION FOR PRACTICE EDUCATORS

### Student numbers

We are delighted to be welcoming 5 cohorts of students to University this year comprising of; BSc years 1, 2 & 3 and MSc years 1 & 2.

### Placements

We have welcomed the RCSLT placement and telehealth guidance which supports all educators to offer placements in different ways to support student learning and to enable students to be an asset to teams and to support service delivery

·         [Practice-based learning 2021](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Fpractice-based-learning&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=QbuIh3XTJlKO%2Fcvnjf7Y%2FrtNs%2FuhVzd7SCxEn2vz4OI%3D&reserved=0)

·         [Telehealth placements](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Ftelehealth-placements&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=mhbhk%2B1GH5DS4%2B0JFDBeKXWhCnjLwpqGtjiR%2FlOvxuM%3D&reserved=0)

We are delighted to continue to receive placement offers for both onsite and remote clinical activity and are keen to support educators to provide placements in whichever format they can.

### Onsite placements

All onsite placements should be undertaken in light of the Government COVID-19 guidance, and guidance from the NHS and other relevant public health bodies.

Onsite practice placements should be taken up in alignment with risk assessments for staff, use of PPE and other local Trust and service policies re infection prevention and control. PPE should be provided by the placement provider including fit testing of masks where appropriate.

### Telehealth placements

Telehealth placements should follow RCSLT [Telehealth placements](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Ftelehealth-placements&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=mhbhk%2B1GH5DS4%2B0JFDBeKXWhCnjLwpqGtjiR%2FlOvxuM%3D&reserved=0) guidance. Students and educators should follow the LBU general guidance re expectations of placements. Please agree a supervision plan with the student re how you will meet, plan, debrief and receive feedback in an online format.

### Students’ IT equipment

If Trusts will not permit students to use their own laptops for remote placements, Trusts / services will need to provide them, and students can collect them from Trust premises, where available.

If students are using their own IT equipment, they must take all reasonable steps to ensure this is safe. Where IT equipment is required for placements and if the student does not have their own, the University can seek to support this for the duration of a telehealth placement.

RCSLT guidance states that where students are providing telehealth services using their personal devices and / or from their homes, the placement provider should ensure that professional and local governance is applied. Please see RCSLT telehealth placement guidance  [Telehealth placements](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Ftelehealth-placements&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=mhbhk%2B1GH5DS4%2B0JFDBeKXWhCnjLwpqGtjiR%2FlOvxuM%3D&reserved=0).

Students should use their University email accounts to contact educators or service users. Students may use their own telephone professionally, if they are comfortable with this, and it is appropriate to do so. Students should not disclose their personal numbers to service users; they should alter the privacy settings on their phones or include ‘141’ before dialling.

### Telehealth platforms

Students should use the platform that the service / Trust is using for telehealth / remote working.

Students can access and set up MSTeams meetings from their university accounts, if required. They are familiar with MS Teams from teaching.

The University does not support Zoom due to security concerns.

Whatsapp and Facetime are not approved platforms for students to use to discuss clients.

### Direct client-centred work (onsite or telehealth)

In line with the RCSLT guidance we are suggesting that placements (onsite or remote) support a minimum of 25% of direct client-centred work and that the remaining time can be based on practice-based learning activities, which support students to gain the same levels of competence.

Direct client-centred work (onsite or remote) might include:

* One-to-one assessment and therapy sessions with a service user
* One-to-one work with a carer
* Training sessions; e.g. parent training and coaching
* Work with the MDT; e.g. meetings, case conferences, ward rounds
* Groups; e.g. social skills groups, communication café style sessions

### Practice-based learning activities (onsite or telehealth)

Where practice-based learning activities are undertaken, there should be clearly defined outputs which link to [Standards of Proficiency](https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-speech-and-language-therapists/) (HCPC, 2023) and form evidence of the student’s development.
This is a [template for practice-based learning activities](https://www.rcslt.org/-/media/RCSLT_template_practice-based-learning-activities.pdf?la=en&hash=0C29876EEE8B9208EB2BA6690D01764FE7097DC0) from the RCSLT website, with structured outputs, linked to the standards and including worked examples.

The list below of practice-based learning activities is not exhaustive and services are encouraged to be creative and innovative in their placement offers:

* Case studies with/without video. These enable students to follow the service user journey from referral to discharge, engage in case history and information gathering discussions, complete assessments, plan and discuss interventions, thus developing clinical decision-making skills.
* Clinical and professional scenarios. Clinical scenarios could involve referral decisions, discharge decisions or breaking bad news. Professional scenarios could involve caseload prioritisation, MDT working or legal and ethical issues.
* Role play. This will involve students practicing and developing clinical skills with educators/peers.
* Expert service users and carers (SUC). These will involve real service users and carers who volunteer their time to support student learning; e.g. provide repeat case history opportunities, repeat assessment experiences, repeat intervention practice, and are an additional source of feedback.
* Project work. For example: health promotion, making resources, life stories, developing training packages, carrying out audits.
* Leadership activities. This will support the students to learn about leadership roles and activities, including service level audits, service development projects.
* Research. Students can be involved in clinical research projects, including literature reviewing, ethics applications, data collection, and data analysis.

Attending CPD activities. For example: workshops, webinars, enabling theory to practice development. These practice-based learning activities enable a flexible approach to practice placement delivery.

### Core Skills documents

Each student year will have specific core skills that support and allow students to demonstrate their learning throughout their placement. The core skills are aligned to HCPC Standards of Proficiency (Appendix 8).

The core skills form outlines some examples of activities that can support students to develop and achieve these skills. These are only examples; and not an exhaustive list, equally it is not necessary for students to carry out all activities listed. Where it is not possible for activities to be undertaken, students can take part in a guided, independent activity (e.g. create a summary of assessment or intervention relevant to a particular client group or engage in a clinical discussion about a client they have observed or worked with).

Students must provide evidence of their learning and demonstration of their core skills throughout their placement. Students will need support from their practice educators to identify activities to undertake, that will contribute towards their core skills.

At the mid and end of a student’s placement, they will present their core skills containing the evidence to you. You are asked to review the core skills with them and indicate their level of development, appropriate for their level. Guidance on the expected level for mid/end point of each placement is provided in a table at the end of this document.

Please note:

* The core skills are assessed as Pass/ Fail
* If the student has had the opportunity to develop a skill but has not shown this development, this is not demonstrated.
* If a student has not had the opportunity to demonstrate a skill, then it would be no opportunity.
* If a student fails a placement, they will need to re-sit the full placement.
* If a student is going to fail the placement or if you have any concerns about the student, please contact the student’s academic advisor. If this is done early in the placement, an action plan can be put in place to support the student.
* Your feedback is invaluable to students. Wherever possible, please provide verbal and/ or written feedback for students on their activities and core skills.

There is clear differentiation between the level 1, 1.5, 2 and 3 core skills, against which students should be measured (see Appendix 9):

Where more than one educator is supporting a student on placement, please ensure that you agree that one of the educators will discuss the core skills document with the student.

### Students with additional needs

We work closely with University student disability services and well-being services to help support our students with additional needs. We welcome and value students with additional needs, disabilities, mental health conditions, and learning needs. Where possible, we will inform practice educators about a student’s needs before they begin placement and share advice about the reasonable adjustments a student may need to ensure they can fully and successfully participate in the workplace and the placement via the student placement planning form (Appendix 2). There are times when we do not know about a student’s needs and they may arise during the placement. If you are concerned about a student, please inform us immediately and we can work with you and the student to assess what adjustments and support are needed to enable them to participate successfully in their placement.

### Contacts

|  |
| --- |
| SLT Clinical Education LeadsNaomi de Graff n.de-graff@leedsbeckett.ac.uk 0113 8123257Jo Sandiford j.c.sandiford@leedsbeckett.ac.uk 0113 8128620 |
| Link LecturersLink Lecturers are available for general enquiries and discussions, including advice, arrangements for audit or requests for training.  |
| Lindsey Thiel | Airedale |  0113 812 6574l.thiel@leedsbeckett.ac.uk  |
| Victoria Wadsworth  | Bradford | 0113 812 4473v.l.wadsworth@leedsbeckett.ac.uk |
| Annie Hurren  | Humber Area - North & South Bank | 0113 812 6725a.hurren@leedsbeckett.ac.uk  |
| TBC | L LincsNE Lincs  | TBC |
| Ben Bolton-Grant | YorkScarborough |  0113 812 6241b.bolton-grant@leedsbeckett.ac.uk |
| Lorette Porter | NorthallertonHarrogate | 0113 812 3269j.l.porter@leedsbeckett.ac.uk |
| Naomi de Graff  | Leeds – adult teams | 0113 812 3257n.de-graff@leedsbeckett.ac.uk |
| Sarah White | Leeds – paediatric teams | 0113 812 6240sarah.white@leedsbeckett.ac.uk  |
| Jo Sandiford  | PIVO placements  | 0113 812 8620J.C.Sandiford@leedsbeckett.ac.uk |
| Academic AdvisorsEach student has a named Academic Advisor. It is helpful to ask the student for the name and contact details of their academic advisor at the start of their placement. If you would like to talk to someone about any issues or concerns that you have about the student, please contact the academic advisor in the first instance.  |
| Health and Social Care Practice Learning Team (PLT) – Administration & enquiriesGrace Burrill, Practice Learning Team Administrative Officer.  |
| Room PD508, Leeds Beckett University, City Campus, Calverley Street, Leeds, LS1 3HE | sltplacements@leedsbeckett.ac.uktel 0113 8128845 |

### Roles and responsibilities

### Role of the educator

The RCSLT practice-based learning guidance 2021, advises that all practice educators should:

* be registered with the HCPC as a health and care professional in the discipline associated with their educational role and the students for whom they have assumed responsibility; (although it is recognised that for some placements this may not apply).
* uphold the values of person-centred professionalism;
* be aware of the policies of the relevant professional body (ideally holding active membership);
* understand their roles and responsibilities as a practice educator and be aware of local, national and UK policies and regulations relevant to learners;
* support and facilitate the learning of others (as appropriate to the workplace) as part of their broader professional role including - students - peers - colleagues from other professions - support workers - unqualified workers - service users and carers;
* understand and apply their scope of practice as an educator / facilitator thus ensuring that their knowledge, skills and values remain in line with appropriate evidence base;
* take responsibility for acquiring and developing the knowledge, skills and behaviours required to facilitate and support the learning of others;
* undertake initial practice educator preparation and training, facilitated by the education provider relevant to the profession;
* engage in on-going continuing professional development (CPD) related to practice education;
* demonstrate and promote the value of practice education to the care of service users, service delivery and career development.

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

* provide information to learners about the learning experience offered and to clarify/manage expectations;
* apply knowledge of educational theory to learning and assessment practice, creating level-appropriate, inclusive and empowering learning environments and opportunities;
* actively promote policies and practices that acknowledge different needs of students and learners individually and as a group, demonstrating an inclusive approach;
* promote the visibility of practice education and the role of learners within the health and care professional team, amongst stakeholders;
* actively contribute to the assessment of adequate and safe levels and models of learner supervision;
* understand where practice learning fits with taught components of the programme when working with students;
* promote, facilitate and support self-reflection and peer learning;
* provide a range of opportunities to maximise learning and enable the achievement of directed and self-directed level-appropriate learning outcomes;
* apply and contribute to, where appropriate, various forms and levels of fair, inclusive, sensitive, consistent and robust practice education feedback / feed forward and assessment and involve learners in the process;
* communicate in a skilled and effective manner with students, colleagues, service users and stakeholders to support the facilitation of the programme of learning;
* reflect on and evaluate their role as a practice educator and continually implement improvements;
* evaluate the practice learning environment and formal / informal learning events and implement change based on evidence.

Excerpt from The Health and Care Professions (HCPC) Practice Education Guidance 2016.

The [**RCSLT practice-based learning roles and responsibilities framework (Word)**](https://www.rcslt.org/wp-content/uploads/2021/02/practice-based-learning-roles-and-responsibilities-framework-2021.docx) explains the role of the educator in the context of an SLT service.

### Equality, Diversity and Inclusion

All educators need to be culturally aware and culturally competent, including on issues relating to a range of students groups: for example, students from the global majority, LGBTQIA+ and students with disabilities.

Please see RCSLT’s diversity and anti-racism web pages <https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/diversity-anti-racism>

Educators, co-ordinators and service managers should work with HEIs to support students who raise issues about any form of discrimination including racism, unconscious bias, microaggression and bullying during their placements.

### Resources for practice educators

All practice educators can become an associate member of LBU staff which provides access to online resources, such as ejournals. To become an associate member, please contact the Practice Learning Team administrator.

The RCSLT provide a wealth of resources for practice educators which is available to members on their website: [practice-based-learning-resources](https://www.rcslt.org/members/lifelong-learning/practice-based-learning/practice-based-learning-resources/)

The National Association of Educators in Practice ([www.naep-uk.org](http://www.naep-uk.org)) is a support network for educators in practice across Allied Health Professions, midwifery, nursing and all Health and Social Care Professions. It is free to join and provides resources on its website to members.

### Practice educators’ role in student assessment and grading

All placement assessment forms should be provided by the student. Core Skills forms for grading the student are contained in this handbook (Appendix 8). It is the student’s responsibility to ensure that forms are shared in a timely manner and completed.

Practice Educators will need to complete:

* Attendance Record
* Discussion of the student’s aims (beginning and at mid point of placement)
* Single Session Evaluation (Appendix 7); final year students have a tutor visit, using this format too
* Core Skills document with the students - mid placement and at the end of the placement (Appendix 8)
* Sign off and feedback on student’s reflective learning logs
* Constructive written feedback on a placement Session Plan (Appendix 3)
* Support and feedback for negotiated placement projects (final year students) (please ask student for guidance)

Students are the future of our profession. You are the gatekeepers for standards for the next generation of SLTs, and ultimately, for your clients. From you, students will be awarded a pass mark that states that they have reached the required standards of proficiency in the Core Skills of a speech and language therapist and ultimately are eligible to register with HCPC. You have the opportunity and responsibility to allow students to retake a placement if they haven’t reached the required standard and haven’t achieved a pass mark. Brinsdon et al (2007) note that educators are “crucial to safeguarding our profession” and Welsh (2003) comments that “passing bad students fails us all”. Our aim is that all students have enjoyable and successful placements; however, some students need more time and practice to reach the required standard to achieve competence. We look forward to working with you to facilitate this, where it is needed.

### Students’ responsibilities

Students should be aware of their responsibilities for:

* Managing their learning and professional relationships.
* Alerting the practice educator and HEI to any problems that might prevent progress or satisfactory completion of the placement.
* They should also understand that the priority for a clinician is the client.

The Leeds Beckett University student charter sets expectations for engagement and behaviour. Further information can be found via this link: <http://www.leedsbeckett.ac.uk/assets/studentcharter/>

Students should also understand their responsibility to report concerns about safety or well-being whilst on placement. Practice educators should support and encourage students to do this (see [HCPC Standards of Conduct, Performance and Ethics).](https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/) In the first instance this should include talking to practice educator or Placement Practice Coordinator in the placement setting, or contact their academic advisor at University. If appropriate concerns should be escalated, which may include following local guidelines and/or raising concerns via [nhsemployers.org](http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-whistleblowing)

### Planning to take students

### Placement timetables and calendar

The course calendar for the BSc and MSc courses can be found in Section D of this Placement Handbook.

### Types of placements

Many SLTs now offer and enjoy 2:1 or 3:1+ student: educator ratio placement opportunities. Teams are encouraged to offer multiple student to educator ratio placements, both as a way of building capacity and to enrich the student experience through supported independence. Remote placements can support multiple students, where IT capacity permits. Tariff can be awarded per student.

### Multiple student: educator placements

Working with a peer or in a small groups gives students the opportunity to develop their critical appraisal skills through watching and giving feedback to their fellow students. Working together, students can often achieve more than they can on their own; for example, they can share initial assessments by dividing case history and assessment, or running sessions where one conducts therapy and the other records.

### Placement requests/ making an offer

The PLT requests whole time equivalent figures from each team and also identifies the numbers of placements needed for the next academic year. This is divided equally between provider organisations to ensure equitable allocation, known as ‘fair share’.

Prior to the start of the academic year, specific placement requests are sent out to each provider organisation for the full year ahead. Co-ordinators in each location will share this with educators and identify which educators will provide each of the placement episodes. Educators/Co-ordinators confirm this by filling in an offer form, giving details of the placement.

In line with RCSLT national guidance, we are asking full time practice educators to provide a minimum of 25 placement days over the year.

### Placement allocation

Placements are allocated to students based primarily on the students’ needs in terms of clinical experience. In addition, known health / learning needs or mitigating circumstances are considered.

Placement details are confirmed as far in advance of the placement as possible although this depends on sufficient placements being secured so that students can be fairly allocated.

Occasionally, placements have to be withdrawn at the last minute due to unforeseen circumstances. We will always contact practice educators as soon as we are aware that a student cannot attend the placement, for whatever reason.

### Preparing for having a student

The following responsibilities are set out in the RCSLT Practice-based learning guidance (2021) in relation to preparing for a student placement:

* Familiarise yourself with placement documentation, including the expected learning outcomes of the placement at that stage of the course and student experience to date.
* Think through the range of learning models, experiences and opportunities you are able to provide.
* Consider opportunities you can provide for the student to experience a wide range of speech and language therapy work and roles (communication and dysphagia), both clinical and nonclinical, including administration and wider organisational and management activities.
* Plan for how and when you will provide protected time for student supervision, negotiating any changes to your normal clinical/administration time with your manager.
* Prepare service users, clients or patients to work with the student, in line with your organisational policy.

### Service User Consent

Consent must be obtained for student Speech and Language Therapists to be involved with case management and clients/carers must be clear about what they are consenting to. Obtaining consent remains the responsibility of the SLT service that is providing the placement and local policies should be referred to. It may be that information is provided as part of an initial appointment letter. It should also be remembered that carers need to be informed in settings where clients may be seen on their own e.g. in schools. It may also be necessary for the agreement of the school or institution to be sought.

### Before a student arrives

### Allocation information

You will receive:

* Confirmation of the information we hold about the placement based on the placement offer.
* The name and email address of the student(s) allocated to your placement offer. (We cannot release students’ phone numbers without their consent. Students can provide this when they make contact).
* Any additional information which the student wishes to share with you, via the student placement planning form (Appendix 2).

Please inform the placement unit if:

* The placement information is incorrect or has changed since the offer was made.
* You cannot be contacted in the two weeks before the placement start date.

### Release of information to students

Students receive placement details after their educators, to ensure that all placement information is correct.

Please wait for the student to contact you, rather than emailing them first as this is part of their professional development and organisational skill learning. Students are instructed to contact you about two weeks prior to the placement start date. At this stage we suggest that you establish:

* Other contact methods e.g. mobile phone numbers
* When you are/are not available
* Placement information is correct, especially time and address for first day.
* Students are aware of the policies and what they need to know for the first day e.g. dress code, accessing the location (e.g. signing in and entry procedures), telehealth protocols etc
* Pre-arrival preparation/ reading.
* Remind students to bring / show their DBS number on the first day. Please note that students will share their DBS number only, not their full certificate.
* Other information for the first day e.g. timings and whether to bring lunch.
* Please discuss any relevant information from the ‘student placement planning’ form.

Please adapt the above info as relevant for a telehealth placement.

### PARE Profile

Each placement setting has a profile on the healthcare placements website [www.onlinepare.net](http://www.onlinepare.net) . Check that the student has accessed the placement profile and please share with them any placement-specific requirements not made clear on the profile.

### Smartcards

The University funds and issues smartcards to students for use with SystmOne. These need to be activated at local level, and once details of your students are released you should follow local procedures for activation by the Trust IT team as relevant.

### Know what to expect – academic curriculum

The academic curriculum across the BSc and MSc courses is designed to enable students to meet the HCPC Standards of Proficiency on graduation and are informed by the RCSLT Core Capabilities (RCSLT, 2008). The learning outcomes of the BSc and MSc vary very slightly to reflect the different levels of learning at undergraduate and postgraduate level but can be summarised in the overarching aims outlines below:

Students will be able to:

* Use critical understanding of theory and principles in psychology, phonetics, linguistics, speech and language pathology, research and medical sciences to the assessment and management of people with speech, language, communication and swallowing needs across contemporary speech and language therapy practice. (SOP 4, 12, 13; Curriculum Guidance – SLT clinical & professional capabilities)
* Select, use and modify a range of communication skills to develop successful therapeutic relationships and work in partnership with colleagues, other professionals, support staff, service users and their carers. (SOP 7, 8; Curriculum Guidance - Communication)
* Critically consider their own values and beliefs in relation to the social and cultural contexts of practice and to understand these issues in the lives of individuals and in planning effective, non-discriminatory services for people with speech, language, communication and swallowing needs. (SOP 5; Curriculum Guidance - Partnerships)
* Critically review and apply a range of research, critical thinking and problem-solving skills to facilitate the ability to find, evaluate and create new theoretical and empirical evidence and apply it to evidence-based practice in speech and language therapy over the course of their clinical careers. (SOP 4, 12, 13; Curriculum Guidance – Research and evidence-based practice)
* Reflect objectively and critically on all aspects of the quality of their practice to identify and act upon personal and professional development needs. (SOP 10, 11; Curriculum Guidance – Leadership and lifelong learning)
* Select and effectively apply the skills required to practice as an autonomous professional, exercising their own professional judgement in relation to complex or novel issues in client care (SOP 1, 4; Curriculum Guidance – Professional autonomy and accountability)

In section D, you can find more detailed information about the student curriculum, including when they have studied specific areas of speech, language, communication and swallowing disorders. Students will inevitably be allocated to placements in clinical areas where they have not yet had formal curriculum teaching. If this is the case, please guide them to key reading. They can also be supported by resources within the University.

### Pre-registration Dysphagia Competencies

Royal College of Speech and Language Therapists (RCSLT) has provided a pre-registration eating, drinking and swallowing (EDS) competency framework for all students to undertake during their study. Completion of the EDS framework competencies is a mandatory requirement for all students graduating between 2025-6 on any pre-registration speech and language therapy course. Further information can be found at this link: [EDS](https://www.rcslt.org/learning/pre-registration-eds-competencies/) competencies.

For many years at University, we have had extensive dysphagia teaching as part of the curriculum, and have asked students to complete a dysphagia log to record any opportunity for dysphagia client-facing work; the changes required involve students documenting dysphagia related placement hours.

Students have been provided with the Universities “Pre-registration eating, drinking and swallowing (EDS) competencies” which are compatible with RCSLT EDS competency framework. Please discuss dysphagia opportunities with students at their placement induction, mid and final placement grading for any opportunity to sign off some sections if appropriate. See section E appendix 9.

### During the Placement

### Induction and planning

Please check your local placement policy for specific induction information/checklist.

You should include the following:

|  |  |
| --- | --- |
| **Expectations** * Please manage students’ expectations about what opportunities will and will not be available during the placement by discussing the caseload, setting and typical experiences within these.
* Discuss the core skills and what may or may not be experienced during the placement.
* Clarify the amount of support you are able to provide.
 |  |
| **Learning aims and learning needs*** Students are encouraged to start each placement by developing a list of placement aims, negotiated with their educator. It may be helpful to support the students to make these SMART: Specific, Measurable, Achievable, Realistic, Timely
* Discuss with the student what learning needs they have: Preferred learning approach. Placement planning form and any information that the student has declared e.g. learning need.
 |  |
| **Contact methods** * Clearly establish contact methods e.g. if you give students your work or personal mobile numbers (not encouraged), establish clearly how you wish to be contacted. We discourage students from informing you of illness or non-attendance using text and that they need to speak to you or someone in your department within working hours only. We inform students to not contact placement educators between 8.00pm and 7.00 am.
 |  |
| **Policies and ground rules*** Establish what local policies students will need to know e.g. remote working policies or onsite policies, telehealth etc. Make sure any “ground rules” are clearly explained.
* Ensure access to Trust/Organisation polices, for example Health and Safety, Infection Control, Manual Handling, Fire Safety, etc. This may involve arranging access to local intranet.
 |  |
| **Academic Advisor*** Gain contact details for the students academic advisor in case you need to contact them at all. (It is better to have this information in advance in case the student experiences difficulties on placement)
 |  |
| **Planning*** Plan a timetable for placement including regular feedback, mid placement core skills review and end placement core skills discussion.
* Consider a plan for the single session evaluation visit from a university tutor (final year students in the ongoing placement), as well as the single session evaluation (final year block students).
 |  |

### Organising and structuring the placement

|  |
| --- |
| The weekly events timetable (suitable for ongoing placements) is provided (Appendix 7) It can be used:* As a framework for planning the placement with students
* For recording tasks set for students
* To plan reviewing aims, core skills, and giving feedback to students
 |
| **Session planning*** Please try to support students in writing session plans as early as possible. All students need to submit a session plan which they have completed with you and have gained feedback on from you, as well as a session plan that they have completed for their single session evaluation or assessed visit.
 |
| **Reflective learning logs.** * Students should be writing these weekly and seeking your feedback on their reflective learning. They should then use this as evidence to support their core skill development.
 |
| **Halfway through the placement:** * Students should complete the evidence section of the core skills form.
* They will fail the core skills if they have not completed this.
* Educators should grade the student’s skill development against each core skill.
* Evaluate and renegotiate placement aims
* Complete/arrange the single session evaluation (if required)
 |
| **Single session evaluation visit by tutor BSc Y3 Semester 1 and MSc Y2 Semester 1 only:** * Negotiate time for visit with University tutor who will contact educators to arrange this. Students will have had the opportunity to discuss this with HEI tutors. Students need to complete:
* Background information on the setting
* A client profile
* Session plan for an individual client.

Guidance for the student and the feedback form are available in appendix 8.  |
| **At the end of placement** * Discuss the student’s self-evaluation and evaluate their placement aims. Students should have completed the evidence section of the core skills themselves – educators should grade the student’s skill development against each core skill. Core skill forms (Appendix 9) should be signed by the practice educator and the student.
 |

### Session plan (Appendix 3)

One of the important learning needs for students is the systematic planning of intervention and therapeutic sessions. Students must be discouraged from planning backward i.e. thinking of a “nice” game or task and then wondering what objective this will meet!

Students are likely to need your support by thinking through the needs of the selected clients and working through their difficulties linking this to theory to enable them to plan appropriate interventions.

The session plan is a ‘blueprint’ for an individual clinical session, this enables students to document their rationale and evidence base for the intervention approach. It also supports the students ability to “think through” and identify strategies they may need to use including potential adaptations to their planned activities in response to the clients’ performance.

The session plan format is intended to be flexible enough to enable planning for a range of placement needs including, assessment, direct, indirect or initial and reviews sessions. If you would rather use another planning template that you feel is more suitable to your setting, please do so.

### Feedback and Reflection

Regular feedback is an essential part of the learning process; it gives the opportunity to comment on specific areas that have been agreed as priorities for development between the student and practice educator. Feedback should include specific constructive criticisms on areas of strength as well as areas in need of further development.

When giving feedback, consider:

* The task carried out
* The skills used
* Interpersonal skills
* Personal reflective skills

Students should also be encouraged to self-evaluate and reflect in a structured clinical environment (Hill, Davidson & Theodoros, 2012). If a student is able to analyse their own performance highlighting strengths and weaknesses, they are then able to move their progress forward. If they are able to do the same objective analysis in relation to the client, they can move closer to independent planning and decision making.

After sessions, students should be encouraged to reflect either in writing or verbally or both on the outcomes of the session. A suggested session reflection template is included in the Appendix 4, which also gives space for the student to record feedback they are given. Encourage students to keep written notes of feedback you give, or clinical discussions.

### Assessment and Grading

Students are graded on the Core Skills that are based on the HCPC Standards of Proficiency (SOPs), available here:

 <https://www.hcpc-uk.org/standards/standards-of-proficiency/>

Educators should use the student’s form as this is a working document to reflect the student’s progress through the acquisition of competencies and new skills. The Core Skills documents are included at the end of this handbook (Appendix 8). NB There are separate documents for Core Skills 1, 1.5, 2 and 3. The table below give the core skills used for each placement and the expectations for passing at the different levels of the course.

|  |
| --- |
| Placement Calendar 2023-24 |
| Dates | BSc Yr1 L4 | BSc Yr2 L5 | BSc Yr3 L6 | MSc Yr1 | MSc Yr2 |
| Oct / Nov 23  | Ongoing Observation**Core Skills 1**100% across all sessions  |  | Ongoing placement**Core Skills 3**Mid placement:Emerging 50% End placement:Emerging 100% | Ongoing Observation**Core Skills 1**100% across all sessions  | Ongoing placement **Core Skills 3**Mid placement:Emerging 50%End placement:Emerging 100%  |
| Jan / Feb 24 | Conversation PartnersChild Development  | Block placement **Core Skills 2**Mid placement:Emerging 100% End placement:Appropriate for level 100% |  | Ongoing placement**Core Skills 1.5**Mid placement:Emerging 100%End placement:Appropriate for level 100% |  |
| March – May 24 |  |  | Block placement **Core Skills 3**Mid placement: Appropriate for level 50% End placement: Appropriate for level 100% |  |  |
| May - Aug 24 | Block placement**Core Skills 1.5** Mid placement:Emerging 100%End placement:Appropriate for level 100% |  |  | Block placement **Core Skills 2**Mid placement:Emerging 100% End placement:Appropriate for level 100% | Block placement **Core Skills 3**Mid placement:Appropriate for level 50%End placement:Appropriate for level 100%  |

###

### Mid-placement feedback and pass / fail grading

Educators should:

* Encourage students to evaluate their progress
* Students should add their own evidence to the central section on the core skills form. They will fail the core skills if they do not complete this.
* Highlight students’ strengths and areas for development. Discuss any differences between your feedback and the student’s own evaluation.
* Allow the student the opportunity to reflect on progress made and plan for the remainder of the placement. Evaluate and re-negotiate the student’s placement aims.
* Discuss mid placement grading (pass / fail) (completing the core skills grading form with the student)

If there is any cause for concern at the mid-placement stage it is very important that the educator contacts the student’s academic advisor at the university in order to develop a plan of support.

### Final-placement feedback and pass / fail grading

Educators should:

* Evaluate the student’s evidence in the central section on the core skills form.
* Provide face-to-face feedback on the core skills form and grading (pass / fail)
* Adhere to the clear guidance on the core skills form about the level students need to be at to pass the placement.
* Give the completed form to the student for inclusion in their e-portfolio

Each placement is a “must pass” component of the course. A student who fails a placement assessment will usually have an opportunity to be re-assessed after further placement experience. Educators are therefore encouraged to discuss matters with the HEI and to give appropriate grading at the end of a placement. Students who are “given the benefit of the doubt” may miss opportunities to achieve the necessary clinical standards and ultimately this benefits no-one. Early identification of and remedies for problems are more likely to result in a successful outcome.

### Coping with difficulties

Many students identify placements as the most rewarding part of the course. Despite this, practice education is also an intense learning experience, and concerns or difficulties may arise.

### Being supportive

* Make the student feel welcome.
* Create a relaxed atmosphere.
* Be non-judgmental and approachable.
* Recognising that your role as a practice educator as a valued and experienced teacher; and the students will very much benefit from explanations and demonstrations from you.
* Create an appropriate space for giving constructive feedback, with minimal distractions and in reasonable privacy.
* Discuss with student if there are any obstacles that they perceive will affect their ability to achieve their goals. Review these during the placement so that progress can be monitored.

### Addressing concerns with the student

Give clear feedback regarding any areas of difficulty as soon as these become apparent.

Give concrete examples of difficulties. Where possible, this should be in written form, either directly or through the student making notes, but retained by both parties. An example action plan template is provided in Appendix 5.

Difficulties can usually be addressed by helping the student to formulate a plan of action and setting easily measurable and specific goals, possibly breaking down core skills into smaller steps, with clearly defined targets and dates which can then be reviewed, i.e. if their theory to practice is not strong, ask them to prepare you a literature review on a small area of practice.

Observation of an educator demonstrating a particular skill, even on Year 3 placements, can be very useful for students as they are provided with a direct example of the skill, required.

Share information about how you manage things, such as time management, prioritisation, caseloads etc. Students may not have any experience with these processes or skills prior to attending University.

### Raising concerns

Significant concerns may arise due to:

* Health or learning needs
* Academic or clinical performance which means the student is at risk of failing the placement
* Concerns regarding professional behaviour

Where this is the case, educators should discuss this with the student at the mid-placement grading at the latest and identify clear objectives in relation to the core skills for the student to focus on.

The practice educator must discuss the cause for concern with the student’s academic advisor at University.

The student will arrange a meeting with their academic advisor to identify additional support needed beyond the placement setting and formulate an action plan. The lead practice educator and placement coordinator may be involved as appropriate.

The practice educator should continue to support the student as above, using written feedback on a regular basis and retaining a copy.

The academic advisor will maintain contact with the student and educator in order to provide support.

### Managing failing students

A placement is successful when the student:

* Passes the placement and can progress to the next placement module.
* Has an opportunity to gain further experience by re-sitting the placement following a failed placement (a student will not have this opportunity if they are given a pass mark by the practice educator).
* Following feedback, has an opportunity to reflect on her own skills and to consider options for their future career, perhaps outside of the SLT profession.

We understand that it can be difficult to fail a student. If you would like advice or support, please contact the student’s academic advisor who will be happy to talk things through with you.

Whilst it can be difficult to tell a student that they have not passed the placement, things that help are:

* Having clear written evidence about their performance supported by honest, regular feedback
* Identifying the student’s strengths
* Using the core skills to highlight areas that need further attention
* Mutual support between the educator and the HEIs
* Discussing options for the student including key areas for action

(Brinsdon et al 2007)

### Summary for coping with difficulties

* Discuss progress throughout
* Discuss with the student what they need to do to succeed, rather than just pointing out areas of concern
* Raise concerns with student
* Listen to student’s concerns
* Encourage student to develop action plans
* Share tips
* Encourage student to contact other agencies such as student support
* Discuss with SLT departmental placement coordinator
* Discuss with HEI academic advisor
* Tutorials and support available at HEI
* Keep written documentation
* Grade honestly, it will be the only way a student can get extra experience if it is needed.

Flowchart for student support

Educator raises concerns about a student at any time, (may/ may not) involve tutor at University

Discuss with student. Develop action plan with objectives and agreed time frame

Concerns resolved

Continue to monitor throughout placement progression

YES

NO

Educator discusses with academic advisor at university and revises action plan with student

Tutorial between student and academic advisor, may also include educator or placement coordinator to develop the plan further

Student passes placement

Student achieves objectives

YES

NO

Student meets with academic advisor to de-brief and draw up action plan for the future. The student will usually have an opportunity to re-take the placement.

After the Placement

### Have your say – your feedback

We welcome your feedback on the experience of being a practice educator and would like to know if there are ways in which we can improve the support that we provide to you as an HEI. You can generate your own practice educator login and submit feedback at [www.onlinepare.net](http://www.onlinepare.net)

### Accessing student feedback

At the end of a placement (other than the BSc/MSc year 1 observation placement), students also leave feedback on the same website. If you would like to be able to view this feedback, please contact your organisation’s practice learning facilitator, who will set up an educational lead login. A list of PLFs for each trust is available from the Practice Learning Team. If you are an independent or voluntary provider, please contact sltplacements@leedsbeckett.ac.uk.

### Being a practice educator and CPD

### Becoming a practice educator

The RCSLT advise that clinicians should gain their NQP competencies after qualification prior to becoming a practice educator.

HCPC state “Practice educators must undertake regular training which is appropriate to their role, learners’ needs and the delivery of the learning outcomes of the programme” (HCPC, 2017).

### Training for practice educators

The HCPC [SETs](https://www.hcpc-uk.org/standards/standards-relevant-to-education-and-training/set/) state that ‘Practice Educators must undertake regular training which is appropriate to their role, learners’ needs and the delivery of the learning outcomes of the programme’. The University delivers onsite, online and a distance learning educator training programme. The university offers two educator programmes; new educator training, suitable for educator's new to clinical teaching (2 years post qualification), and refresher training for experienced educators. RCSLT recommend that all educators should have refresher training every 3 years.

The programmes cover an introduction to key skills in practice education such as giving feedback and working with different learning styles and use scenarios and group discussions to support educators in understanding how best to support students on placement.

In addition to the introductory units all training covers:

* Learning outcomes of the BSc and MSc courses
* How to use the ‘Core Skills’ documents to record student progress across the range of competencies over the duration of the placement
* Review learning progress
* Set learning objectives
* Create action plans with students.
* Practical solutions to support your service during student placements
* How to support students with reasonable adjustment plans

Link lecturers can arrange bespoke updates for a team, for example as part of a staff meeting. We also welcome educators to engage with CPD activities at the University. You can attend seminars, lectures and workshops, be involved in the admissions process, or engage in student assessment with the tutor team at the University. Please contact sltplacements@leedsbeckett.ac.uk or go to [the HCS Practice Learning Team website](http://www.leedsbeckett.ac.uk/studenthub/placement-information/health-and-social-care-practice-learning-team/) for information.

### Quality Monitoring

### Practice Assessment Record & Evaluation (PARE)

The quality of placement education is crucial to shaping the therapists and the profession of the future. Feedback from students and from practice educators forms the basis for ongoing development, is monitored on a continuous basis by the HEI placement co-ordinator. This is complemented by two-yearly meetings between the link lecturer, setting placement co-ordinator/educational lead and practice learning facilitator using the audit on the Practice Assessment Record & Evaluation site [www.onlinepare.net](http://www.onlinepare.net)

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PART C

INFORMATION FOR STUDENTS

### Introduction

Many of our students say that their placements are the best part of the course. We hope that you will enjoy your placement experiences too. In clinical practice you will develop clinical skills and knowledge, adding to your theoretical knowledge from University lectures. Placement settings vary a great deal. Sometimes you will be involved in seeing clients directly and at other times you will be working and learning in a different way. All placement experience is valuable and we hope that you will develop your ability to work flexibly and will gain valuable experiences in all settings.

Practice Educators have given feedback that supporting students is extremely valuable to their own continuous professional development, service delivery and service improvements.

Here are some quotes from educators:

“Students are a valuable part of our service, helping us develop new ways of working”.

“Students inspire clinicians to think of new and novel ways of working”

“Learning from being a practice educator is mutual, as I learn so much from students”

Educators are usually busy clinicians and having a student can add to their time pressures, but remember you can be a great help too: “students can be a real asset, carrying out audits and projects for and with us, which help us to develop the service further”.

You should start placement ready to learn, embrace learning opportunities offered, collaborate, and be part of the team.

Placements can be exciting but daunting as there is a lot to learn and for many of you the environments and clients may not be something you have encountered before. However please feel reassured that your practice educators and tutors are available to support you to have a positive and enjoyable experience. Please discuss any concerns with your practice educator, academic advisor or Clinical Education Leads as required.

Your placement experiences are an integral part of your course, and you **must pass all** of your placements to progress.

### Placement Allocation

Your placements will be allocated by the Practice Learning Team working with the Clinical Education Leads (Naomi and Jo). Every effort is made to ensure that placement allocation is fair and equitable for all students. Please do not approach Trusts/ Organisations yourself, we have a clear process in place for sourcing and allocating placements.

When allocating placements, a number of factors are considered:

### Placement experience required

Every student needs to attend a minimum of 100 sessions (a session is half a day) of direct clinical placement across a range of settings, including both adult and child placements.

### Health needs

Students with a disability contract, where possible, can have reasonable adjustments made to their placement allocations in line with recommendations indicated in their disability contract.

### Mitigating factors

Students with any other mitigating factors which impact on placement attendance will need to provide evidence of their circumstances. Please discuss this with your academic advisor.

There are factors which will not be considered:

* Distance

Placements can take place in any part of the Yorkshire and the Humber region and students will be expected to make their own travel arrangements to get to and from placement. This may include very early starts and long days, some placements may require up to 2 hours travel time. On occasion, staying close to the placement can be an option, and expenses for this can be claimed.

* Finance

Financial circumstances cannot be taken into account but if you are having difficulties, please seek advice and support from the student money advice service and your academic advisor.

* Preferences

Due to the high demand for placements and the limited capacity available we cannot take student preferences into account. Where possible, final year block placements will be allocated based on preference. Students will be informed nearer the time how this process works.

* Student work commitments

Students need to be available to attend placement on all possible placement days on the placement calendar.

### Types of placement

Naomi and Jo were involved in writing the RCSLT practice-based learning guidance, and along with the telehealth placements guidance, we welcome the increased flexibility which this offers:

[Practice-based learning 2021](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Fpractice-based-learning&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=QbuIh3XTJlKO%2Fcvnjf7Y%2FrtNs%2FuhVzd7SCxEn2vz4OI%3D&reserved=0)

   [Telehealth placements](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Ftelehealth-placements&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=mhbhk%2B1GH5DS4%2B0JFDBeKXWhCnjLwpqGtjiR%2FlOvxuM%3D&reserved=0)

This guidance supports all educators to offer placements in different ways to support your learning on placement and to enable you to be an asset to teams and to support service delivery in an ongoing challenging period.

Placements may include direct client-centred care (minimum of 25%) and/ or a range of practice-based learning activities.

### Onsite placements

Onsite practice placements should be taken up in alignment with risk assessments for staff, use of PPE and other local Trust and service policies re infection prevention and control.

### PPE

Personal protective equipment should be provided by the placement provider including fit testing of masks, if approriate. Basic uniforms (trousers and tunic tops) will be provided by the University as per our Uniform policy. Adherence to Trust guidelines eg about when to wear/ change uniform is imperative.

### Telehealth placements

Telehealth placements should follow RCSLT [Telehealth placements](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Ftelehealth-placements&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=mhbhk%2B1GH5DS4%2B0JFDBeKXWhCnjLwpqGtjiR%2FlOvxuM%3D&reserved=0) guidance.

Students should follow the LBU general guidance re expectations for placements, as discussed in placement briefings.

Please agree a supervision plan with your educator re: how you will meet, plan, debrief and receive feedback from your educator in an online format.

### Students’ IT equipment

Where students are required to use IT equipment for placement, ideally local Trusts will provide these, and students can collect them from Trust premises. If Trusts do not have equipment for students to use, students may use their own personal equipment, if that is permitted by the Trust/ setting. If the student does not have their own IT equipment, the University can seek to support this for the duration of a telehealth placement.

If students are using their own IT equipment, they must take all reasonable steps to ensure this is safe.

RCSLT guidance states that where students are providing telehealth services using their personal devices and / or from their homes, the placement provider should ensure that professional and local governance is applied. Please see RCSLT telehealth placement guidance  [Telehealth placements](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Ftelehealth-placements&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=mhbhk%2B1GH5DS4%2B0JFDBeKXWhCnjLwpqGtjiR%2FlOvxuM%3D&reserved=0).

Students should use their University email accounts to contact educators or service users. Students may use their own telephone numbers professionally, if they are comfortable with this and it is appropriate to do so. Students should not disclose their personal numbers to service users; they should alter the privacy settings on their phones or include ‘141’ before dialling. Students should adhere to HCPC social media guidance at all times.

### Confidentiality and professional responsibility during telehealth placements

Students must be careful to maintain confidentiality on telehealth placements. They should follow the policy and procedures for telehealth that are specific to the practice education setting.

You should engage in telehealth placements in a private location without interruption. If this is not possible from your home or accommodation, booking a room on University premises may be an option.

You need to confirm in your placement records on pebblepad, prior to attending placement, that you have access to and will use a private, uninterrupted place for telehealth placements.

Students on telehealth placements are directed to:

* Dress professionally
* Carry out calls in a private, quiet, uninterrupted space, sitting at a table or a desk, that is free from distractions of people and pets
* Wear headphones to ensure that you cannot be overheard by others in your household to protect the confidentiality of the client and to reduce ambient noise
* Close windows where there may be a privacy issue
* Use a background that is professionally appropriate, free from distraction and inoffensive. Some platforms support virtual background use.
* Ensure you have adequate lighting so that the client can see you clearly.

### Telehealth platforms

You will need to become familiar with the platform that the placement setting is using for telehealth appointments and remote working, and ensure that you follow their policy and procedures.

As students, you can access and set up MSTeams meetings from your university accounts, if required.

The University does not support ZOOM due to security concerns.

Whatsapp and facetime and not approved platforms for students to use to discuss clients.

### Telehealth sessions

Please discuss with your educator what to do if the technology fails during the session, or if the client has a health or other emergency.

Please discuss the etiquette of the session with your educator ie if you are observing, do they want you to be muted and turn your video off?

Students are not permitted to record telehealth sessions unless this has been pre-arranged and explicitly consented to by all parties, and for an approved reason.

It will help to close other windows /websites to maximise the performance of the video platform during the session. Be prepared for unexpected interruptions and technology issues, and agree how you will contact the educator / client, if appropriate.

University tutors may request to attend telehealth sessions as part of student assessment. Consent must be gained for this from the client.

### Writing up case notes for telehealth sessions

If the student cannot access the electronic notes system eg SystmOne, they can write anonymised notes / reports as word documents and email to educators. Students should follow usual confidentiality guidelines on written and verbally reported information.

### Direct client-centred work (onsite or telehealth)

In line with the RCSLT guidance we are suggesting that placements (onsite or remote) support a minimum of 25% of direct client-centred work and that the remaining time can be based on practice-based learning activities, which support students to gain the same levels of competence.

Direct client-centred work (onsite or remote) might include:

* One-to-one assessment and therapy sessions with a service user
* One-to-one work with a carer
* Training sessions; e.g. parent training and coaching
* Work with the MDT; e.g. meetings, case conferences, ward rounds
* Groups; e.g. social skills groups, communication café style sessions
* Practice-based learning activities (onsite or telehealth)

Where practice-based learning activities are undertaken, there should be clearly defined outputs which link to [Standards of Proficiency](https://www.hcpc-uk.org/resources/standards/standards-of-proficiency-speech-and-language-therapists/) (HCPC, 2014) and form evidence of your clinical development.

The list below of practice-based learning activities is not exhaustive and you may be involved in any of these as part of your placement activity:

* Case studies with/without video. To enable students to follow the service user journey from referral to discharge, engage in case history and information gathering discussions, complete assessments, plan and discuss interventions, thus developing clinical decision-making skills.
* Clinical and professional scenarios. Clinical scenarios could involve referral decisions, discharge decisions or breaking bad news. Professional scenarios could involve caseload prioritisation, MDT working or legal and ethical issues.
* Role play. This will involve students practicing and developing clinical skills with educators/peers.
* Expert service users and carers (SUC). These will involve real service users and carers who volunteer their time to support student learning; e.g. provide repeat case history opportunities, repeat assessment experiences, repeat intervention practice, and are an additional source of feedback.
* Project work. For example: health promotion, making resources, life stories, developing training packages, carrying out audits.
* Attending CPD activities. For example: workshops, webinars, enabling theory to practice development.
* Leadership activities. This will support the students to learn about leadership roles and activities, including service level audits, service development projects.
* Research. Students can be involved in clinical research projects, including literature reviewing, ethics applications, data collection, and data analysis.

These practice-based learning activities enable a flexible approach to clinical skill development on placement.

### Before you start placement

### Fit to practice

On Pebblepad, you have a ‘fit to practice’ record. This is a record of the mandatory requirements and it must be completed prior to your semester 1 first placement. Please read this carefully and ensure that you have read and understand all the necessary information.

You cannot attend placement until your fit to practice record is complete.

### Occupational health

At the start of Y1 you will attend an Occupational Health check. As part of the appointment you will need to provide a full immunisation history. Outstanding immunisations will be arranged as required and available. You must attend all your Occupational Health appointments and will be charged if you fail to attend. Failure to attend may also result in a fitness to practice process.

At the start of subsequent years of study you will be asked to declare your ongoing ‘fitness to practice’.

If, at any point during the course, you need to see Occupational Health then you will be referred by your academic advisor. Please note the HCPC SOP states that registrants must ‘understand the importance of maintaining their own health’ (HCPC 2013).

You cannot attend placement until you are declared ‘fit to practice’.

### DBS

You will have received your DBS certificate before starting the course. Your DBS clearance certificate will remain an essential document for all three years of the course and you will be required to show your DBS number on clinical placement so please ensure you keep it safe.

 You cannot attend placement without DBS clearance and your DBS number.

### Mandatory training

Mandatory training sessions will be required during each year of the course. This will relate to clinical training in areas (see below) to ensure that you are adequately prepared for placement and meet HCPC SOPs.

Mandatory training will take place through the online platform supported by NHS England called E-learning for healthcare. This programme has been adopted for all Health and Social Care students to deliver required mandatory training modules listed below:

* Data security including information governance
* Equality and diversity
* Health and safety
* Basic life support
* Infection prevention control
* Moving and handling
* Fire safety
* Safeguarding adults and children
* Preventing radicalisation
* Resuscitation for adults and children

You will be advised on a timetable for mandatory training at the start of the year. Please contact the Practice Learning Team for advice on your training requirements. Additional online or face to face training will be organised for you as required.

You cannot attend placement until you have completed all your mandatory training.

### Smartcard

You will be issued with a Smartcard for use on placement. It remains your property and your responsibility. You may be asked to provide your Smartcard number ahead of placement to enable access to IT resources. You may also be required to attend IT training at local Trusts before you start placement. If you lose your Smartcard you will be charged for a replacement.

### Student Placement Planning form

All students will complete a student placement planning form, prior to starting their placement, with their academic advisor, to discuss their learning and aims for placement. If you have a disability contract, specific learning need or mitigating circumstances, this can also be included on this form. You must share your completed form with your educator before you start your placement. We encourage students to use this form as a basis for discussion with your educator, in the first session, so that they can help provide the appropriate support whilst you are on placement with them. A copy of the form is included in Appendix 2.

### Planning for placement

You should receive the following information prior to starting your placement, from InPlace:

* Trust or Organisation
* Name of the practice educator
* Contact details (phone/email)
* Location of placement – NB this may be the base of the educator and your actual placement may be in a different location
* Client group (adult/child/specialist area)
* Day and time of your placement
* Start and end date

### Check the placement profile online

Each department/ service should have an online profile which can be found [www.onlinepare.net](http://www.onlinepare.net) . This will provide you with information about the setting and the team, for example the staffing profile, resources, travel, policies. This will help you know what to expect from the placement.

### Contact your Practice Educator

You need to do this straight away when you get your placement information. Remember: not all practice educators work full time and many work in different places each day of the week. Try to contact phone/email on the day of the week that corresponds to your placement day. It may take time for them to reply to telephone messages or emails.

### Plan your travel arrangements

Ensure you know where you are going and how you will get there. Make sure you can arrive for the time provided by the practice educator. Plan your journey – there are lots of apps to help with this. You may want to practice the journey so you know exactly where to go.

We aim to make placement journeys are as accessible as possible but your placements can fall anywhere in the Yorkshire and Humber area. Many students will have an early start and long day for placement. If any student has a reason which prevents them from traveling e.g. related to disability, then we advise you seek support from disability services and will we work together to ensure that you are either placed close to home (where possible) or disability will assess eligibility for funded taxis.

Students may be eligible to apply for financial support from the Learning Support Fund. Details, including eligibility can be found at: <https://www.nhsbsa.nhs.uk/learning-support-fund> The fund currently offers support for:

* Students with at least one dependent child (Child Dependants Allowance)
* Travel and Dual Accommodation Expenses for a placement
* Students experiencing extreme financial hardship (Exceptional Support Fund)

### Do any placement reading or preparation

Your practice educator may have indicated specific reading or planning. If there is no specific reading indicated, please ask for information prior to attending placement. Think about the setting and try to do some relevant background reading as well. The RCSLT web pages are a good place to start.

### Get everything ready for your first day

You will be expected to arrive with your student badge and your DBS number. The NHS has strict criteria to monitor those working with potentially vulnerable clients and you may be required to produce your DBS number. Ensure you have this with you at all times. Check with your educator whether or not you should wear your uniform and adhere to guidance about infection control ie no nail varnish, jewellery etc.

You will need your placement records tasks that you will be doing on your placement. Make sure you have thought about your aims for the placement and be ready to discuss these with your practice educator.

### During your placement – your responsibilities

Many students identify placements as the most rewarding part of the course, providing crucial learning opportunities and helping apply theory to practice. Despite this, practice education is also an intense form of learning for many students, and can be stressful. You should be aware of your responsibilities to yourself and others:

You are responsible for managing your learning and professional relationships.

You have a responsibility for alerting your practice educator(s) and academic advisor to any problems that might prevent progress or satisfactory completion of the placement.

You should also understand that the priority for a clinician is the client – you should also act in the best interests of the client at all times (RCSLT 2006). Remember that you are a guest in people’s lives and should show respect and dignity to clients and their families at all times.

### Core Skills documents

You can find the Core Skills documents in Appendix 8.

You will need to discuss the core skills in detail with your educator at the mid placement and end of placement progress discussions.

**You must complete the central section on the form** and submit your evidence as demonstration of how you have met that core skill. Your educator should then grade you as emerging / appropriate for level, against each skill. The form should also be used to agree priorities for your future development.  There is clear differentiation between the level 1, 1.5, 2 and 3 core skills, against which your skills will be assessed.

Where more than one educator is supporting you on placement, one of the educators should take a lead in co-ordinating the views of all educators and discussing the core skills document with you.

### At the start of the placement

* Agree how to contact the educator if you are unwell or running late. Many services have processes in place specific to their service and it is important that you discuss and agree this with your educator.
* Give a copy of the relevant core skills form to your practice educator.
* Share your feedback / aims from previous placements with you educator.
* Negotiate the aims you wish to achieve on placement. Be realistic about these e.g. it will not be appropriate to request more work with groups if the setting only offers sessions with individuals.
* Negotiate when you will complete your mid and final evaluation and your single session evaluation. For final year students in their ongoing placement, there will be a single session evaluation completed by a university tutor. The tutor will arrange this with your educator.
* Share the relevant session plan forms with your educator. See Appendix 3 for guidance re writing session plans.

## Placement reflective logs

You should complete a weekly reflective log (Appendix 5) whilst on placement to evidence your learning and skill development. Seek feedback on these from your educator and upload these to Pebblepad at the end of the placement.

### Mid placement

Discuss your aims and the core skills in relation to your development on placement so far.

You may wish to add further aims to work on during the rest of the placement.

Complete your evidence for the Core Skills to date. Your educator will give you a mid-placement feedback and grade (Pass/ Fail), based on the Core Skills Progression document.

### End of the placement

Complete your evidence for your core skills, and discuss your development over the placement. Your educator will offer feedback and a grade for each Core Skill.

Take on board comments and feedback on your Core Skills and grade (Pass/ Fail).

Consider aims for your next placement.

### Pre-registration Dysphagia Competencies

Royal College of Speech and Language Therapists (RCSLT) has provided a pre-registration eating, drinking and swallowing (EDS) competency framework for all students to undertake during their study. Completion of the EDS framework competencies is a mandatory requirement for all students graduating between 2025-6 on any pre-registration speech and language therapy course. Further information can be found at this link: [EDS competencies](https://www.rcslt.org/learning/pre-registration-eds-competencies/)

For many years at University, we have had extensive dysphagia teaching as part of the curriculum, and have asked students to complete a dysphagia log to record any opportunity for dysphagia client-facing work; the changes required involve students documenting dysphagia related placement hours.

You will be provided with the Universities “Pre-registration eating, drinking and swallowing (EDS) competencies” which are compatible with RCSLT EDS competency framework discussed above. Please discuss dysphagia opportunities with your educators at your placement induction, mid and final placement grading for any opportunity to sign off some sections if appropriate. Please see section E appendix 9.

### Problems on placement

We are here to help. If you experience any difficulties whilst you are on placement then you need to contact your academic advisor, either by ‘phone, email or in person. It is far better to contact your tutor as soon as you have a concern, then we have more time to help you resolve the issue or put any necessary support in place.

If your practice educator has concerns, then they may also contact us for advice. Please ensure you provide your educator with the name and contact number of your academic advisor at the start of placement.

### Placement attendance

Attendance at your placement is a professional requirement and a minimum of 100 sessions of experience must be achieved in order to be eligible to apply for your licence to practice at the end of the course. A session is usually half a day but this will vary on different placements.

You must complete the ‘Record of Attendance’ practice educator on each placement and obtain the signature of your educator, as proof of attendance.

100% attendance is required and punctuality is very important. Inform your practice educator as early as possible if unable to attend, using the procedure below:

* Contact your practice educator to inform them of your absence as soon as possible in the agreed process and indicate when you are likely to resume attendance at placement. If you are ill on the day of your placement, ensure your educator is made aware. Phone your educator, do not email or text on the day, as an email may not be received, and a text is insufficient. You MUST speak to your educator. If they do not pick up the phone leave a voicemail and ring back until you get to speak to your educator or follow the agreed process with your educator. This is the expectation for a practicing SLT so you need to adhere to this system too. A text is insufficient and unprofessional.
* Inform the Placement Coordinator and your academic advisor of any placement sessions missed.
* Missed sessions need to be made up, where possible. On return to your placement, discuss with the practice educator if it possible to undertake further sessions to make up the time lost.
* If the practice educator cancels any sessions, you should follow the same procedure to re-arrange the missed sessions.

### Responsibility for clinic management

The practice educator is responsible for the management of all clients and the clinic/setting, and students undertake duties under their direction. STUDENTS MUST NOT TAKE DECISIONS WITHOUT THE AGREEMENT OF THEIR PRACTICE EDUCATOR.

Students should make themselves aware of the rules of the clinic/setting and abide by them. It is the student's responsibility to clarify their role within the setting with their practice educator and take on such administrative tasks as is felt to be appropriate. This includes duties such as filing, answering the phone, recording statistics, booking transport, making telephone calls to plan appointments etc.

### Professional behaviour

Professional behaviour is essential. You should ensure that you maintain the reputation of the placement organisation, the profession and the University by appropriate behaviour both in public (e.g. on placement, travelling there and back) and in your personal life (e.g. social networking). You must ensure you are familiar with and adhere to the [HCPC Standards of Conduct, Performance and Ethics](https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/) and the [HCPC Guidance on conduct and ethics for students](https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-conduct-and-ethics-for-students.pdf) as well as the HCPC guidance on social media [HCPC Guidance on the use of social media](https://www.hcpc-uk.org/registration/meeting-our-standards/guidance-on-use-of-social-media/).

### Health and safety

You should be made aware of and adhere to the departmental health and safety policies in the settings and clinics in which you are working, including infection control. You should adhere to any COVID-19 related guidance endorsed by the setting.

### Dress and presentation

You will be allocated your uniforms prior to clinical placements. It is your responsibility to ask your practice educator if they require you to wear your uniform or whether there is an alternative dress code. Dress and personal presentation should be professional and suitable for the environment, including for online sessions. Students must avoid items of clothing that are considered revealing e.g. low cut tops or figure hugging clothing. Piercings may breach health and safety and/or infection control policies and students should check the Trust policy / discuss with their educator and be prepared to remove them if requested by the practice educator. Tongue piercings should be removed and tattoos should be covered up, if requested. NHS placements have strict requirements in relation to ‘bare below the elbow’. This means no long sleeved tops, no jewellery, with the exception of a plain wedding band (no stones), and no nail varnish or false nails. Sleeves can be provided for students who cannot meet the ‘bare below the elbow’ requirement.

Make sure that you wear your student identity badge and carry your DBS number.

### Consent

Consent must be obtained for student Speech and Language Therapists to be involved with case management, and clients/carers must be clear about what they are consenting to. Obtaining consent remains the responsibility of the SLT service that is providing the placement and local policies should be referred to. It may be that information is provided as part of an initial appointment letter. It should also be remembered that carers need to be informed in settings where clients may be seen on their own e.g. in schools. It may also be necessary for the agreement of the school or institution to be sought.

### Raising concerns

Students have a responsibility to report concerns about the safety or well-being of children or vulnerable adults whilst on placement. Practice educators should support and encourage students to do this. In the first instance this should include talking to the practice educator or Placement Practice Coordinator in the placement setting, or contacting their academic advisor at University. If appropriate, concerns should be escalated by following local guidelines and/or raising concerns via [nhsemployers.org](http://www.nhsemployers.org/your-workforce/retain-and-improve/raising-concerns-whistleblowing)

### Diversity and Inclusion

All HEI staff, students and educators need to be culturally aware and culturally competent, including on issues relating to a range of student groups: for example, Black, Asian and Minority Ethnic (BAME), LGBTQIA+ and students with disabilities.

If you feel that you have any concerns about instances of racism, unconscious bias, microaggression and bullying on your placement, please discuss this with your academic advisor or a tutor at University that you feel comfortable to speak with, in the first instance.

Educators, co-ordinators and service managers should work with HEIs to support students who raise issues about any form of discrimination including racism, unconscious bias, microaggression and bullying during their placements.

### After your placement

Update your placement record in PebblePad. Further details are contained in your placement workbook, and are different for each level. You need to upload your:

* Student placement planning form (following discussion with your academic advisor)
* Attendance Record
* Placement aims – beginning and mid point
* Core Skills Document (including mid-placement and end-of-placement feedback and grading)
* Weekly reflection documents (part of core skills documents)
* PARE Placement Questionnaire receipt (not Y1 observation placement)
* Single session evaluation with tutor paperwork and feedback (where appropriate)
* Session plan with educator feedback
* Single Session Evaluation (not Y1 observation placement)
* Negotiated project (where appropriate)

### Placement questionnaire

At the end of your placement, you will complete a questionnaire about your placement via the placement website [www.onlinepare.net](http://www.onlinepare.net). These questionnaires are monitored within trusts and by University link lecturers and form an important part of the quality control and audit of placements. Please complete them professionally and provide information and feedback which will be useful for the development of the placement for future students. If there is not a questionnaire set up for your placement setting on [www.onlinepare.net](http://www.onlinepare.net), please contact the Practice learning team and she will send you an alternative questionnaire to complete.

### Submit all portfolio tasks by the deadline advised

Details of placement tasks for each placement are contained in your placement workbook. They should be submitted to Pebblepad (in PDF format) by the agreed deadline.

### Reflect on your learning

Consider how your knowledge and skills have developed, and what you need to take forward to your next placement. Use your reflection and your completed tasks, together with your reflections on university learning, to update your portfolio.

### Failing a placement – FAQs

1. **Do I need to pass all placements?**

Yes.

1. **You need to pass all placements in a module to be able to start the next placement module on your course**.

The clinical placement modules are an integral part of your degree course and must be successfully completed in order to gain the degree award which gives eligibility for you to apply to join the HCPC register as a Speech and Language Therapist. However they are non-credit bearing which means that they do not contribute to the degree classification of the BSc (Hons) – I, 2.i, 2.ii, or merit / distinction options for MSc students.

1. **My mid-placement feedback hasn’t gone well – what should I do?**

Work together with your practice educator and academic advisor in order to put together an action plan for your development in the rest of your placement. Listen carefully to the feedback you have been given and be proactive in responding to this, focusing on the areas that have been identified for development. See Appendix 5 for the action plan template and the section [Coping with Difficulties](#_Coping_with_difficulties) in part B of the handbook, which explains how your educator can support you in this.

1. **What happens if I fail a placement?**

If you fail a placement the first time, you will have one opportunity to re-sit it.

Your placement module leader and academic advisor will review your feedback with you, and after discussion with the practice educator make a decision about how many placement sessions you need to undertake for the re-sit. This is usually the full number of sessions of the placement, as this will provide you with the best learning opportunity. The tutor team will offer support as needed during the resit placement.

Re-sit placement opportunities depend on the availability of educators to provide additional experiences. It is likely that you will be placed within a different Trust/ Organisation but with a similar client group. The re-sit may run in the following semester, in the summer vacation, or at the normal time in the next academic year. If a resit placement opportunity is not available, you will need to wait until one can be provided.

1. **What happens if I fail a re-sit placement?**

Failing a re-sit placement means a fail of the placement module overall. There is no opportunity to repeat a placement module so this means that you will not be able to continue with the clinical course. You may be eligible to continue to study for a contained award on the basis of your academic achievement: please speak to your level co-ordinator or course director about this.

1. **I have missed placement days due to illness – can I fail my placement?**

A student cannot normally fail the placement before she/he has completed the full number of placement days for that placement. However, this can occur in the case of serious professional misconduct and will be dealt with in accordance with the University’s regulations and [Leeds Beckett Fitness to Practice Policy and Procedure](http://www.leedsbeckett.ac.uk/public-information/student-regulations/). Follow the link and click on ‘Student Conduct’. Missed days should always be made up, if they can be accommodated by the educator.

1. **I can’t continue on this placement because of health reasons – does it mean I have failed?**

If for any reason you cannot go out on placement, continue to attend placement or need to withdraw from a placement then you will need to apply for mitigation. The mitigation application will need to cover the placement as well as associated assessments e.g. assessed visit. Where mitigation is granted, a new placement opportunity will be arranged when it is suitable for the student to return to placement. A student may be required to be reviewed by Occupational Health to be declared ‘fit for practice’ before starting placement again.

If you have any problems on placement, then you should contact your academic advisor immediately so that they can advise and support you.

PART D

CURRICULUM INFORMATION & PLACEMENT CALENDARS

### BSc (Hons) Speech and Language Therapy – Curriculum Information

Students study the 5 course strands with increasing depth in each year of study

* Year 1 (Level 4): The acquisition of the strand-specific knowledge and skills, including knowledge of clinical processes, and a basic understanding of how these are applied in the clinical context.
* Year 2 (Level 5): The application of the strand-specific knowledge and skills in clinical settings.
* Year 3 (Level 6): The ability to evaluate strand-specific knowledge and skills and their application in clinical settings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SPEECH & LANGUAGE PATHOLOGY | LINGUISTICS, PHONETICS & PSYCHOLOGY | CLINICAL PRACTICE & PROFESSIONAL ISSUES | RESEARCH | MEDICAL SCIENCE |
| Yr 1 | Speech, Language & Communication Needs  | Lifespan Develop-ment | Phonetics & Phonology | Linguistics  | Academic & Clinical Skills | Introduction to EBP for SLT | Medical Sciences for SLT |
| Integrated SLT Studies 1 |
| Yr 2 | Speech Disorders | Language Disorders | Applied Psychology | Applied Phonetics & Phonology | Language & Cognition  | Integrated SLT Studies 2  | EBP for SLT | Applied Medical Science for SLT |
| Yr 3 | Communication Disorders | Current Issues  | Transition to Practice | Integrated Studies 3 | Evidence for Practice | Eating Drinking & Swallowing Disorders |

### Speech and Language Pathology Curriculum – BSc (Hons)

In Level 4 (year 1), students learn about the practices and processes of speech and language therapy, and begin to develop discrete clinical skills (e.g. interpersonal skills, taking a case history, administering an assessment). The applied teaching of communication disorders begins at the end of year 1, when the normal timetable is suspended and students take the 5-week full time module ‘Integrated SLT Studies 1’. Learning through case-based teaching, they apply learning from all modules to speech sound delay, hearing impairment, and introductory dysphagia. Teaching continues across year 2 and the first semester of year 3 as in the table below. In addition, the Year 3 Semester 2 module ‘Current Issues’ gives students the opportunity to select clinical and professional topics of interest to study in greater depth.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Y1 Semester 1  | Y1 Semester 2 | Y2 Semester 1 | Y2 Semester 2 | Y3 Semester 1 | Y3 Semester 2  |
| Acquired cognitive communication disorders (dementia, TBI, Right hemisphere disorder) |  |  |  |  |  |  |
| Aphasia – Acquired language disorders  |  |  |  |  |  |  |
| Acquired motor speech disorders |  |  |  |  |  |  |
| Acquired neurological disorders (PD, MS, MND, HD) |  |  |  |  |  |  |
| Cleft lip and/or palate and other craniofacial conditions |  |  |  |  |  |  |
| Dysphagia |  | Intro  |  |  |  |  |
| Fluency Disorders |  |  |  |  |  |  |
| Head and neck cancers &/or traumas |  |  |  |  |  |  |
| Hearing Impairment |  |  |  |  |  |  |
| Developmental Language Disorder |  |  |  |  |  |  |
| Learning disability and neurodevelopmental conditions |  |  |  |  |  |  |
| Speech sound disorders | Delay |  |  | Disorder |  |  |
| Voice disorders and voice modification |  |  |  |  |  |  |

### MSc Speech and Language Therapy Curriculum

The first year module ‘Foundations of SLT’ provides a solid basis in relation to medical sciences, lifespan development, linguistics, and phonetics & phonology. From the outset in Dysphagia, and as the course progresses in the other Speech & Language Pathology modules, students deepen their understanding of cognitive psychology, psycholinguistics, medical conditions and the applications of phonetics and phonology in an integrated way as they cover relevant speech and language disorders.

Year 1 has a focus on peripheral conditions (dysphagia, hearing impairment and both developmental and acquired disorders of speech) while year 2 focusses on central conditions (language disorders, cognitive language disorders) as well as conditions which require a counselling approach (dysfluency, voice).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Speech & Language Pathology | Clinical & Professional Issues | Foundations/ Research | Placement |
| Year 1 | Dysphagia | Disorders of Speech | Clinical & Professional Studies 1 | Foundations of SLT | SLT Clinical Placement A |
| Year 2 | Disorders of Language | Disorders of Communication | Clinical & Professional Studies 2 | Evidencing Practice | SLT Clinical Placement B |

### Speech & Language Pathology Curriculum – MSc Speech and Language Therapy

Students cover the main disorders as marked in the table below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Y1Semester 1 | Y1 Semester 2 | Y2Semester 1 | Y2 Semester 2 |
| Acquired cognitive communication disorders (dementia, TBI, Right hemisphere disorder) |  |  |  |  |
| Aphasia – Acquired language disorders  |  |  |  |  |
| Acquired motor speech disorders |  |  |  |  |
| Acquired neurological disorders (PD, MS, MND, HD) |  |  |  |  |
| Cleft lip and/or palate and other craniofacial conditions |  |  |  |  |
| Dysphagia |  |  |  |  |
| Fluency Disorders |  |  |  |  |
| Head and neck cancers &/or traumas |  |  |  |  |
| Hearing Impairment |  |  |  |  |
| Developmental Language Disorder |  |  |  |  |
| Learning disability and neurodevelopmental conditions |  |  |  |  |
| Speech sound disorders |  |  |  |  |
| Voice disorders and voice modification |  |  |  |  |

### The dysphagia curriculum – BSc (Hons) and MSc

### Year 1

Normal anatomy and physiology of swallowing. Neuroanatomy.

Introduction to dysphagia as part of the module ‘Integrated Clinical Studies 1’ – this provides an outline of the role of the SLT in dysphagia, awareness of the signs and symptoms of dysphagia and associated risks, and a practical overview of assessment and management.

Introduction of the RCSLT Pre-registration Eating, Drinking and Swallowing (EDS) Competencies provided before first placement.

### Year 3

The Eating, Drinking and Swallowing Disorders module provides focused learning on dysphagia: current advances, specialist populations; legal and ethical issues.

Students gain understanding of dysphagia in a wider range of populations (e.g. paediatrics, long term conditions, dementia, head and neck cancer).

Assessment is by a written case-based assignment.

### MSc (Pre-reg) Year 1

Normal anatomy and physiology of swallowing. Neuroanatomy.

Introduction of the RCSLT Pre-registration Eating, Drinking and Swallowing (EDS) Competencies.

Dysphagia module: outline of SLT role, overview of assessment and management, current advances, specialist populations, legal & ethical issues.

Students gain understanding of dysphagia in a wider range of populations (e.g. paediatrics, long term conditions, dementia, head & neck cancer).

|  |
| --- |
| Placement Calendar for 23/24  |
| Dates | BSc Yr1 L4 | BSc Yr2 L5 | BSc Yr3 L6 | MSc Yr1 | MSc Yr2 |
| Oct / Nov  | Ongoing ObservationTues or Thurs 4 weeks out of 5**Core Skills 1**100% appropriate for level |  | Ongoing placementTues or Wed 8 out of 9 weeks**Core Skills 3**Mid placement 50% emerging End placement 100% emerging  | Ongoing ObservationTues or Thurs 4 weeks out of 5**Core Skills 1** | Ongoing placement Tues or Wed 8 out of 9 weeks **Core Skills 3**Mid placement 50% emerging End placement 100% emerging  |
| Jan / Feb  | Conversation PartnersChild Development  | Block placement 4 days a week for 5 weeks **Core Skills 2**Mid placement 100% emerging End placement 100% appropriate for level  |  | Ongoing placement Tues or Thurs 8 out of 9 weeks **Core Skills 1.5**Mid placement 100% emerging End placement 100% appropriate for level  |  |
| March – May  |  |  | Block placement 4 days a week, 6 out of 8 weeks **Core Skills 3**Mid placement 50% appropriate for levelEnd placement 100% appropriate for level  |  |  |
| April-Aug | Ongoing placementWed or Thurs 8 days **Core Skills 1.5** Mid placement 100% emerging End placement 100% appropriate for level  |  |  | Block placement 4 days a week 4 out of 5 weeks **Core Skills 2**Mid placement 100% emerging End placement 100% appropriate for level | Block placement 4 days a week 8 out of 9 weeks**Core Skills 3**Mid placement 50% appropriate for level End placement 100% appropriate for level |

BSc (Hons) Speech and Language Therapy Placement timetable

|  |  |  |
| --- | --- | --- |
| YEAR 1 (Level 4) | YEAR 2 (Level 5) | YEAR 3 (Level 6) |
|  |
| Semester 1 (October – December) |
| Ongoing Observation Placement – may be peer Attend 4 sessions / days across 5 weeks, experiencing a range of different settings. |  No placement  | On-going Placement1 day a week x 8 weeks, out of 9Involves full responsibility for running sessions under supervision.Single session evaluation assessment - Made by a university tutor. Date to be negotiated with practice educator. |
| Semester 2 (January – March) |
| Child Development PlacementSimulation ½ day per week for 4 weeks then Conversation Partners PlacementAttendance 1 hour per week for 4 weeksThese placements support the development of clinical skills but are not hands-on supervised clinical experiences. | Block Placement (Jan to Feb)4 days a week x 5 weeks Hands on work with growing independence. Full sessions should be planned and run during this term. | No placement |
| Semester 2 (Mar – June) |
| Ongoing Placement – April-JuneAttend 1 day a week for 8 weeks The beginnings of hands-on work under supervision. | No placement | Block Placement4 days per week x 6 weeks, out of 9 Responsible for a small caseload under supervision |

MSc Speech and Language Therapy placement timetable

|  |  |
| --- | --- |
| Year 1 | Year 2 |
|  |  |
| Semester 1 (October – December) |
| Ongoing Observation Placement - usually peer Attend 4 sessions / days across 5 weeks, experiencing a range of different settings. | Ongoing Placement Attendance for 1 full day per week x 8 weeks, working with adults or childrenInvolves full responsibility for running sessions under supervision, and making management decisions with supportAssessed Visit - Made by a university. Date to be negotiated with practice educator. |
| Semester 2 (January - March) |
| Ongoing Placement – April-JuneAttend 1 day a week for 8 weeks Hands on work in a child or adult setting with growing independence. | No placement |
| Semester 2 (April - Aug) |
| Block placement Attend 4 days a week for 4 weeks Over the duration of the placement students progress to planning and running full sessions. | Block Placement – June to AugAttendance 4 days a week x 8 weeks, out of 9Responsible for a small caseload under supervision. |

PART E

 APPENDICES

### APPENDIX 1

### Leeds Beckett University

### BSc (Hons) & MSc Speech and Language Therapy

### Guidance on maintaining confidentiality on placement and for student assignments

#### 1. Confidentiality

Maintaining confidentiality is a core skill for professional practice.

 “Service users expect the health and care professionals involved in their care or who have access to information about them to protect their confidentiality at all times” (HCPC, 2012, pp.4)

The above statement should guide students and further detailed information is provided in the HCPC Confidentiality - guidance for registrants.pdf and HCPC Guidance on conduct and ethics for students.pdf

Students must undertake annual Mandatory Training in Information Governance and will not be permitted to attend placement until this is completed.

#### 2. Confidentiality in the Placement Setting

Students should seek guidance from their Practice Educator at each placement e.g. to find out how case notes are recorded and stored / saved in the particular setting, along with local organisational policy. Policy and practice will differ across different organisations / services and it remains the responsibility of the student to work within the expectations of each placement setting.

Discussion of clients, clinics and supervision must not take place where it may be overheard by clients, relatives or others not associated with the clinic.

If you know a client, or you have any connections to them, this should be declared to your educator and a decision will be made about any involvement with the client at that time.

#### 3. Confidentiality during telehealth placements

##### Students’ IT equipment

Some online placement settings will require students to use IT equipment eg laptops and headphones.

If Trusts / settings will not permit students to use their own laptops for remote placements, Trusts / services will need to provide them, and students can collect them from Trust premises, where available, or suitable workarounds will need to be agreed.

Where Trusts / settings will permit students to use their own equipment eg laptops / headphones, for placements, and if the student does not have their own, the University can seek to support this for the duration of an online placement.

If students are using their own IT equipment, they must take all reasonable steps to ensure this is safe.

RCSLT guidance states that where students are providing telehealth services using their personal devices and / or from their homes, the placement provider should ensure that professional and local governance is applied. Please see RCSLT telehealth placement guidance  [Telehealth placements](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.rcslt.org%2Fmembers%2Flifelong-learning%2Ftelehealth-placements&data=02%7C01%7CJ.C.Sandiford%40leedsbeckett.ac.uk%7C98a9789ab1a24bb9c08e08d8565f30d3%7Cd79a81124fbe417aa112cd0fb490d85c%7C0%7C0%7C637354314123757638&sdata=mhbhk%2B1GH5DS4%2B0JFDBeKXWhCnjLwpqGtjiR%2FlOvxuM%3D&reserved=0).

Students should use their University email accounts to contact educators or service users within working hours. Students may use their own telephone numbers professionally, if they are comfortable with this and it is appropriate to do so. Students should not disclose their personal numbers to service users; they should alter the privacy settings on their phones or include ‘141’ before dialling.

##### Venues for telehealth placements

Students must be careful to maintain confidentiality on telehealth placements. They should follow the policy and procedures for telehealth that are specific to the practice education setting.

They should engage in telehealth placements in a private location without interruption. If this is not possible from the student’s home or accommodation, then University premises may be an option.

Students need to confirm in their e-portfolios, prior to attending placement, that they have access to and will use a private, uninterrupted place for telehealth placements.

Students on telehealth placements are directed to:

* Carry out calls in a private, quiet, uninterrupted space, sitting at a table or a desk, that is free from distractions of people and pets
* Wear headphones to ensure that they cannot be overheard by others in their households to protect the confidentiality of the client and to reduce ambient noise
* Close windows where there may be a privacy issue

##### Telehealth platforms

Students should use the platform that the service / Trust is using for telehealth / remote working.

Students can access and set up MSTeams meetings from their university accounts. They are familiar with MS Teams from teaching.

The University does not support ZOOM due to security concerns.

Whatsapp and facetime and not approved platforms for students to use to discuss clients.

Students are not permitted to record telehealth sessions unless this has been pre-arranged and explicit written consented by all parties has been gained.

University tutors may request to attend telehealth sessions as part of student assessment. Consent must be gained for this from the client.

##### Writing up case notes for telehealth sessions

If the student cannot access the electronic notes system eg SystmOne, they can write anonymised notes / reports as word documents and email to educators. Students should follow usual confidentiality guidelines on written and verbally reported information.

#### 4. Data collection for assignments

Students will routinely need to use client data for university assignments and the following guidance should be adhered to:

Data should not be taken from placement settings without the knowledge and consent of the service user, Practice Educator and/or Mentor in the setting.

Students may need to record handwritten data e.g. observations and take them from the placement setting for analysis. Confidentiality should be maintained, using client initials only, and age, in the form of years and months e.g. 3 years 4 months (not Date of Birth). To minimise the risk of identifying the individual, no other specific information should be recorded e.g. addresses, schools, names of professionals involved with the care of the service user or mentors. If needed, a general term should be used such as, “CB attends a local private day nursery for children 1-4 years” not “CB attends Daffodils Nursery in Bradford”.

When transporting any client information from the placement setting, every care should be taken to keep it safe and out of sight e.g. in a folder within a closed bag. If anonymized client information is held on a PC, this must be password protected. Client or setting names should not be used as file names.

#### 5. Maintaining confidentiality in an e-portfolio (Pebble Pad) and student assignments

Student e-portfolios are password-protected, accessible only to an individual student and tutors. It is essential that portfolios are developed in a professional manner and confidentiality is maintained throughout. All placement documents uploaded to pebblepad need to be in PDF format, so that tutors can open these without needing to download documents, when reviewing placement workbooks. The use of tutor, educator and peer names should be avoided, and initials only, used where needed.

##### Reflective blogs

When writing blogs, students should not need to identify individuals, so the guidance under 3, above should be used. This should include the use of initials for student peers.

##### Placement Records and Portfolio Assessments

Some documents require the signature of a Practice Educator or student peer, e.g. attendance records, core skills, single session evaluations. These signatures do not need to be removed or obliterated, as they are needed as evidence of attendance or achievement. By virtue of being a Practice Educator, clinicians expect to be accountable for their assessment of students and so have tacitly consented for their signature on such documents to be utilised for the purposes of student assessment.

Care is needed with client reports. The usual convention of initials and age should be adopted (see section 3) and any information that could lead to the identification of the service user (e.g. address, setting, town, school, other professional, names of pets, etc) must always be removed.

With all information, professional judgement must be used and decisions must always be based around the protection of the service user. Trust and setting logos should be removed.

When deleting or obliterating confidential details, always ensure this is completed correctly (e.g. check writing is not visible through blacked out items that have been scanned). Also ensure that technological functions are used carefully, (e.g. use of highlighting and shading) to ensure that the typing beneath is not visible).

Also take care over transcripts of client’s speech or language which may include reference to names or places. This could still result in a confidentiality breach and should be avoided.

Personal certificates may be used e.g. certificate of attendance at an Interprofessional learning (IPL) day and information does not need to be anonymised. In many cases, the information would be in the public domain and has no bearing on client identity.

Students need to be alert to inadvertent ‘leaks’ of information which could contribute to the identification of a client, e.g. in document file names.

Names of settings, Trusts, schools, towns and cities and other professionals should not be included at all. Proper nouns should always be avoided.

The above all applies to case studies / simulated clients used in teaching session too.

#### 6. Breaching confidentiality

Breaching client confidentiality in an assignment will typically result in a penalty being applied to your mark. The penalties on the BSc are: Y1 5 mark deduction, Y2 10 mark deduction, Y3 20 mark deduction. The penalties on the MSc are: Y1 5 mark deduction, Y2 20 mark deduction.

In addition, you may have to attend a clinical tutorial and complete a written reflection. For pass/fail assignments, such as the placement records, this part of the placement will incur a fail grade and will need to be amended within 5 working days. The student may also have to attend a clinical tutorial and complete a written reflection.

Breaches of confidentiality where a client is, or could be, identified whether within or outside the placement may amount to serious professional misconduct and will be dealt with in accordance with the University’s [Leeds Beckett Fitness to Practice Policy and Procedure](http://www.leedsbeckett.ac.uk/public-information/student-regulations/). Follow the link and click on ‘Student Conduct’

#### Summary & General Principles

In summary, the protection of the identity of clients is paramount. When using information and data from placement, individual judgement is needed to determine the extent to which details need to be removed or obliterated. If several small pieces of information (which alone could not identify a client) are linked together (e.g. within a workbook, or within a portfolio), then the culmination of this could lead to the identification of an individual. Care must be taken to avoid this. Good practice is therefore to omit or obliterate as much specific information as possible, without detracting from the content of the piece of work.

The relevance of any specific information / detail should always be considered (e.g. an unusual diagnosis). For almost all purposes related to student assessment, this very specific detail is not relevant and therefore should not be included. Removal of any specific information will minimise the risk of a breach of confidentiality.

Policy up dated September 2023.

### APPENDIX 2

###

**Student placement planning**

**Complete this form prior to your pre-placement tutorial with your academic advisor**.

**After the tutorial, share it with your practice educator and save it in your Placement Records on Pebblepad.**

|  |  |
| --- | --- |
| Student name:  |   |
| Year group:  |   |
| Next placement:  |   |

|  |
| --- |
| 1.What was your key learning from your previous placement(s) (if appropriate)?  |
|  |
| 2.What is your preferred learning approach?  |
|  |
| 3.What are your clinical strengths?  |
|  |
| 4.What are your key areas for development?   |
|  |
| 5.How will you address these areas for development? Be specific.  |
|  |
| 6.List 3 aims for your next placement.   |
|   |
| 7.Do you have a university reasonable adjustment plan (RAP)? If yes, please outline what reasonable adjustments you need to support you.   |
|  |
| 8.Please describe any reasonable adjustment required to support your learning needs on placement. For example, time for reflection, written feedback, structured timetable, etc.   |
|  |
| 9.Please describe any reasonable adjustment required to support physical or mental health needs on placement. For example, access to toilet facilities, regular breaks, etc.   |
|   |
| 10.Please describe any reasonable adjustment required to support your faith/ cultural background on placement. For example, prayer time, sleeve protectors, etc.   |
|   |
| 11.Please describe any reasonable adjustment required to support any personal circumstances which may impact on placement. For example, caring responsibilities, paid work, etc.   |
|  |
| 12.Please describe any other information which would be useful for your educator to know. For example, nervous about placement, worry about the setting or context of the placement, etc.   |
|  |

|  |  |
| --- | --- |
| Date of tutorial:  |   |
| Academic advisor signature:  |    |
| Student signature:  |    |

### APPENDIX 3

### Session Planning

In response to educator feedback, we have made some changes to the session plan, to support students planning intervention with clients.

Students should formulate a plan for any client they work with regularly and for clients with different disorders that they encounter during their placement.

Practice educators may recommend an alternative format used in their service, if required.

**Students are expected to complete at least one session plan, with educator feedback, for their placement records.**

### Session Plan

* **SLT diagnosis/ medical diagnosis where appropriate/ reason for initial referral**.Not all clients will have a formal SLT diagnosis, and if this is the case make a very brief summary of the main needs.
* **Aims for the episode of care**. If this is an assessment session (i.e. there is no care plan) write suitable aims. Think about your own perspective and the client’s perspective – what do they aim to gain from an assessment session?
* **Rationale of aims**. Is your approach evidence based? Explain the evidence using the theoretical basis, research and professional recommendations.
* **Therapy approaches**. Describe the approach you will use. This may be an established programme or approach e.g. Lidcombe, PECS, Hanen It Takes Two to Talk, Lax Vox, Semantic Feature Analysis Treatment. Note that it is not enough to simply name a resource in this section (e.g. Black Sheep Press Pronouns Worksheets), you will need to identify the strategies you will use to facilitate the client’s development e.g. modelling, types of prompts or cues.
* **Outcome measurement**. What measure will you use at the end of the episode of care to know if the client has achieved the aim? This may be a published outcome measure or your own informal assessment.
* **Targets.** What exactly do you want the client to achieve in the session? The target should be SMART
	+ Specific – usually needs a specific verb e.g. client will point, read, respond to directions, make a phone call. More general verbs should be avoided e.g. improve.
	+ Measurable – how will you know when the client has achieved the target? Consider the use of a published outcome measure or plan your own criteria. Some targets are easy to measure e.g. Uses 10 new words, Uses /p/ in word initial position in conversation with 70% accuracy. Some are more descriptive e.g. Uses strategies without prompts
	+ Achievable and Relevant – planned carefully to suit the individual
	+ Time-related – the time-scale for an episode of care will often be set for you by service delivery policies, or to fit with education e.g. a school term.
* **Task.** An activity planned to meet the target. It will be designed to engage the client and will consider age, interests and abilities. You may need to write instructions for yourself as the SLT e.g. explanation, prompts, the cues or feedback you have planned. Consider also how you record what the client does during the session.
* **Step up**. If the task is too easy, how will you develop the task to make it more challenging and plan for the next step in the therapy process? This may mean adjusting the task or adjusting the support you are giving.
* **Step down.** If the task is too difficult, how will you simplify the task or support the client to achieve the task?

There is a differentiated session plan for BSc L4 and MSc L7(1).

# Speech and Language Therapy Session Plan L5/ L6/ MSc 1/ MSc 2

|  |
| --- |
| **Reason for referral, including SLT diagnosis/ medical diagnosis**  |
|  |

|  |
| --- |
| **Aim(s) for the episode of care**  |
| 1.Rationale: *This should be based on the client’s goal and what they want to achieve*  |
| 2.Rationale:*This should be based on the client’s goal and what they want to achieve* |

|  |
| --- |
| **Therapy approach(es)** |
| 1.Evidence base:  |
| 2.Evidence base: |

|  |
| --- |
| **Outcome measurement**  |
| *What form of outcome measurement is being used?* *What is the baseline?* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SMART Session Target***The client/carer will…* | **Aim** *Identify which aim you are working on*  | **Task***What is the client required to do?**How will you support the client, what strategies will you use to do this?**How will you record the client’s responses?* | **Materials** | **Step Up***What will you change about the task/ or your strategies?* | **Step Down***What will you change about the task/ or your strategies?* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |
| --- |
| **Practice educator feedback on session plan**  |
| **Educator name: Date:**  |

## Student evaluation of client

|  |  |
| --- | --- |
| **SMART Session Target** | **Evaluation of client/carer***Consider the client and carers points of view, your online recording, and analyse the outcome of the session*  |
|  |  |
|  |  |
|  |  |

## Student self-evaluation

|  |
| --- |
| *What did you do well? What could you do differently?* |

# Speech and Language Therapy Session Plan BSc L4

|  |
| --- |
| **Reason for referral, including SLT diagnosis/ medical diagnosis** |
|  |

|  |
| --- |
| **Aim for the episode of care**  |
| 1.Rationale: *This should be based on the client’s goal and what they want to achieve*  |

|  |
| --- |
| **Therapy approach** |
| 1.Evidence base:  |

|  |  |  |
| --- | --- | --- |
| **SMART Session Target***The client/carer will…* | **Task***What is the client required to do?**How will you support the client, what strategies will you use to do this?**How will you record the client’s responses?* | **Materials** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Practice educator feedback on session plan**  |
| **Educator name: Date:**  |

## Student evaluation of client

|  |  |
| --- | --- |
| **SMART Session Target** | **Evaluation of client/carer***Consider the client and carers points of view, your online recording, and analyse the outcome of the session*  |
|  |  |
|  |  |
|  |  |

## Student self-evaluation

|  |
| --- |
| *What did you do well? What could you do differently?* |

### APPENDIX 4

### Session Reflection and Feedback Form

|  |  |
| --- | --- |
| Session identifier: | Date: |
| Student’s personal goals for this session: |
| Student reflection:Think about what went well in the session:Why did it go well?What progress have you made towards your goals?How can you maintain and develop this?Think about what didn’t go so well in the session:Why do you feel it didn’t go so well?Can you identify some of the positive things you did within this?What would you do differently?What have you learnt from the session?Which areas would you like feedback on?What do you need to develop the skills you have identified further? |
| Feedback from SLT: |
| Action: |

###

## Appendix 5

**Reflective Learning Log**

* Use this template to record your reflections on your clinical placement learning.
* Use the evidence that you collate to support completing your Core Skills form at mid-point and end of placement.
* The log should be completed **daily (ongoing placement)** or **weekly (block placement).**
* Remember to **maintain confidentiality**.

|  |  |
| --- | --- |
| Date (or w/c)  |  |
| *Bullet point your* ***main activities*** *for the day or week, including who you have worked with (clients, colleagues; record this in general terms/roles, NOT individuals).*  | *Note if you have observed/ discussed (o); worked jointly (j); worked with supervision (s) or worked independently (i).* | *List which module or subject this learning relates to and* ***what theory you are applying*** *e.g. assessing a child with a language difficulty relates to child language and developmental norms.*  | *List the* ***core skills*** *developed by your experiences and learning (see Core Skills form) e.g. Core skill 8 carrying out an assessment.*  |
| *Select a* ***specific experience*** *and write a* ***structured reflection*** *that* ***demonstrates your learning*** *from it.* *Consider a reflective cycle, such as: What? So what? Now what?* |
| *Make a note of any* ***feedback*** *you have received. What is your response to it (feelings and practical actions)?* |
| *Next steps (identified by student and/ or agreed with educator).*  |
| *Practice educator signature (where available)**Date:* | *Student signature**Date:* |

### APPENDIX 6

### Action plan following cause for concern on placement

The HCPC Guidance and Conduct and Ethics for Students (2016) interprets their standards for you as a student. Standard 3 (Work within the limits of your knowledge and skills) and Standard 8 (Manage Risk) are particularly relevant during clinical practice placements, and include the following:

You should take responsibility for your own learning

You should ask for, listen to, think about and respond proactively to feedback you are given

You should ask for help when you need it

You should ask for appropriate support and adapt your study or stop studying if your performance or judgment is affected by your physical or mental health and could put service users, yourself or others at risk

Concerns may arise on placement for a number of reasons, but may relate to a risk of failing the placement; concerns regarding your physical &/or mental health; or a concern about your professional conduct. The aim of raising a cause for concern is supportive, to help you to develop as a student clinician.

Your practice educator will provide you with clear and concrete feedback about the concern, and use this form to support you in developing an action plan.

After discussion with you, your practice educator will contact your academic advisor to inform them of the concern.

It is your responsibility to arrange a meeting with your academic advisor to discuss your support needs and how tutors or university support services can play a role, adding to the action plan.

The plan is your responsibility, but should be shared with tutors and practice educators. You should review progress with the actions as agreed at your meetings.

|  |
| --- |
| Name |
|  |

|  |
| --- |
| Description of Concern |
|  |

|  |
| --- |
| Needs/Barriers to progress |
|  |

|  |
| --- |
| Action Plan |
| Date | ActionBe SMART Include any resources needed to help you | Person Responsible | Review Date,Who? |
|  |  |  |  |

Plan agreed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### APPENDIX 7

### Weekly Events Timetable for ongoing placements

|  |  |  |  |
| --- | --- | --- | --- |
| Plan for session | Student’s role | Comments/plans | Student’s tasks – next session |
| Day/ Week 1 |  |  |  |
| Day/Week 2 |  |  |  |
| Day/Week 3 |  |  |  |
| Day/Week 4 |  |  |  |
| Day/Week 5 |  |  |  |
| Day/Week 6 |  |  |  |
| Day/Week 7 |  |  |  |
| Day/Week 8 |  |  |  |

### APPENDIX 8

### Y3 BSc / Y2 MSc Single session evaluation

The students need to carry out one single session evaluation on every placement, apart from the Year 1 observation placement. These are carried out with their practice educator. During the BSc L6 ongoing and the MSc 7(2) ongoing placements, a university tutor will also attend the single session evaluation. This provides an opportunity to offer feedback from another point of view, to complement and reinforce feedback and grading provided by the practice educator. Students will ideally be assessed shortly after the middle of the placement. Students assessed earlier in the placement should not be disadvantaged by being compared with students assessed in later weeks.

Students will need to prepare written background information on the placement setting, a client profile, and a session plan for the client. Please provide feedback on every section, using the single session evaluation form.

### Arranging the visit:

The assessor (university tutor) will contact the practice educator to agree a mutually convenient time for the visit. The visit may be either onsite or online.

The assessor should request some information about the client group, eg. likely specialty, age and basic facts.

### The visit:

The assessor will arrive at clinic approximately 15-20 minutes before client is due, to meet student and practice educator and review student’s written information and session plan. The student should provide written background information to the setting, a care plan and a session plan for the client.

### The Session:

The practice educator and assessor observe the student working with one client or contact.

If the planned activity session cannot take place (e.g. client cancels), the visit may be rearranged. If this is not possible, the viva may be conducted on the planned session and discussion of the relevant theory. In these circumstances the viva may be longer than the usual duration.

Following the session, ideally allow the student 15 minutes reflection time. (Dependent on the setting, this may not be possible and structure and timing of the sessions and viva should be negotiated on arrival with the practice educator and student). Students with a learning contract will be entitled to a minimum of 20 minutes reflection time.

Educators are encouraged to be involved in the viva. Educator and assessor can use the 15 minutes reflection time to decide on the topics, questions and to determine who should take the lead with different questions.

### The viva:

The viva should be 45-60 minutes in total.

It is important to remember that the student is not being tested, but that a three-way clinical tutorial is taking place, with the aim of meaningful learning points being attained. The viva should begin with the student’s evaluation of strengths and weaknesses of the session and reflection of development of their own skills. Students’ own ideas are encouraged.

If the student has made notes etc. they are permitted to use these in the viva for reference.

Students should be encouraged to consider options for intervention/management of the client. Assessors need to be careful that there is no implied criticism of the current clinical management.

Educators are permitted to remind students of previous events/discussion where this is perceived to be helpful to the viva process.

It is helpful for assessors to encourage the student to identify specific learning points and action plan at the end of the viva and reiterate or develop this in the written feedback.

### At the end of the viva:

Some feedback may be given immediately after the viva. However pass/ fail grading and detailed feedback/action points are provided in the written report

Allow time for discussion with the practice educator in private, to clarify issues pertinent to the placement or placements in general.

### Peer and group placements

For example: 2 students running a group. Evaluation of the group may be done together but the greater part of the viva should be carried out separately to allow for some individual reflection and feedback. This should be negotiated with the practice educator.

After the visit:

The assessor will write the report and allocate a pass / fail grade based on the 3 aspects: written information, session and viva. The criteria are attached below.

The written feedback and grade remain the responsibility of the assessor. However educator comments about the viva should be reflected in the report.

The information contained in the report remains the property of the student, assessor and Leeds Beckett University. The report will not usually be shared with the educator. (This is to enable the educator to provide an independent final report based on their own, regular involvement with the student.)

However students are encouraged to discuss learning points and actions with the educator to plan how learning needs may be addressed and to capitalize on identified strengths.

The report should be written and signed by the assessor within 5 working days of the visit. The assessor will normally save the report as a pdf file and email this to the student. Other means of sharing the feedback (e.g. in hard copy) may be used if needed and assessors will inform students of this.

Students will add the report to their e-portfolio as part of their placement records.

Please see single session evaluation student guidance and feedback form on next pages.

##

## Single session evaluation form 2022-23

|  |  |  |  |
| --- | --- | --- | --- |
| **Elements** | **Section 1: Written Information** | **PASS** | **FAIL**  |
| 1 | Background information  | Background information shows clear understanding of the setting / context | Errors or gaps in background information demonstrate limited or minimal understanding of the setting/context  |
| 2 | Client profile  | Correctly identified features of client’s presentationClear picture of client’s strengths and needsClear ICF summary  | Inaccurate identification of features of client’s presentationNot identified client’s strengths and needs Inaccurate ICF summary  |
| 3 | Session plan | Targets are SMART Targets link cohesively with aimsTasks and materials are explained in detailStep up and down appropriate to target and task | Targets are not SMARTTargets do not link with aimsInadequate detail re tasks and materialsStep up and down appropriate to target and task |
| 4 | Session plan evidence   | Management decisions for intervention are clearly explained, as demonstrated through:* rationale showing relevance to client
* use of the evidence base
* use of theory/ principles
 | Limited or minimal explanation of management decisions due to:* lack of or inappropriate rationale
* lack of or inappropriate application of the evidence base
* limited or no use of theory or principles
 |
| **Written info outcome** |  | PASS – minimum of 3 elements are passed | Fail – 1 or more element failed |
| Feedback from tutor |
| **Elements** | **Section 2: Session** | **PASS** | **FAIL** |
| 1 | **Management of the session**, considering:Appropriate (flexible) use of planTimingOrganisation, presentation, and explanationsUse of materials and proceduresReinforcement of learning through prompting, cueing, specific feedbackConducting formal assessmentsRecording | Carries out a range of activities during session and achieves objectives, as appropriate. | Selects incorrect/ inappropriate activities and/ or uses them incorrectly when managing session. Objectives are not achieved  |
| 2 | **Interpersonal skills**, considering:Interactive skills with clientInteraction with othersSensitivity to client and carerProviding feedback summary to client/ carerResponses to unplanned eventsProfessionalism | Works collaboratively and professionally with individuals or groups, adapting communication as needed to achieve effective outcomes | Lacks professionalism. Minimal or no adaptation of communication to clients. Outcomes are affected  |
| **Session outcome** |  | PASS – 2 elements passed | FAIL – 1 or more elements failed |
| Feedback from tutor |
| **Elements** | **Section 3: Viva** | **PASS** | **FAIL** |
| 1 | Reflection on session | Recognises own strengths and weaknesses appropriately. Provides detailed, systematic and analytical summary of all relevant client information gathered in the session. | Limited/ inappropriate recognition of own strengths and weaknesses. Provides limited summary of relevant information gathered in the session with minimal analysis and some inaccuracies. |
| 2 | Application of theory | Draws on theory, principles and evidence to evaluate information and accurately discuss session.  | Limited or inaccurate ability to draw on theory, principles and evidence to evaluate information and discuss session. |
| 3 | Future management | Uses a range of appropriate information, showing initiative when exploring options for future management. Makes clear future management decisions with reference to the evidence base.  | Uses a limited range of information when exploring options for future management. Makes decisions with very limited or inaccurate rationale.  |
| **Viva outcome** |  | PASS - minimum of 2 elements passed | Fail – 1 or more element failed |
| Feedback from tutor |
| **Overall Grade**  | **PASS (minimum – pass two out of three sections [written info, session, viva] of assessed visit)****FAIL** 3 key action points agreed with student:Name of Tutor: Signed: Date:  |

## Appendix 9 Core Skills

## BSc (Hons) & MSc Speech & Language Therapy Core Skills Progress Form for Clinical Placements

## Core Skills 1 Observation Placement - BSc L4 & MSc L7

**Student’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: BSc / MSc (please delete)**

**Students***:* Please make your Practice Educators / Mentors aware of the need to complete this form at the beginning of the placement session and negotiate a convenient time for completion towards the end of the session.

This document will need to be scanned (not photographed) and attached under the correct attendance tab within your ‘Fit for Practice workbook’ on Pebblepad. 100% achievement is required to pass Core Skills 1. If you there are any X’s on your form, please contact your academic advisor, for support to help you to develop this skill.

**Educators/mentors**: Please tick if the student has demonstrated that skill on the placement day with you. Any comments are welcome eg. feedback on good practice, at the end of the form.

If the student has not demonstrated that skill – please out a X in the box and indicate the reason at the end of the form. Please give the student specific feedback as to why you are unable to tick the box and please also contact the university team at sltplacements@leedsbeckett.ac.uk within 3 days of the placement day to discuss this. We can then support the student to develop this skill for future placements, Thank you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Placement setting**  |  |  |  |  |  |  |
| **Educator / Mentor name**  |  |  |  |  |  |  |
| **Date that the student attended**  |  |  |  |  |  |  |
| **Core Skill - Working towards HCPC Standards of Proficiency (SOPs) for SLTs, (2023)** | Please put a P or a X in the box to show whether the student has demonstrated that skill on the placement session with you. If you have put a X in a box, please follow the guidance above.  |
| **1.Contacted Placement Educators prior to the placement appropriately** | **9** |  |  |  |  |  |  |
| **2.Attendance/Punctuality are reliable** | **3** |  |  |  |  |  |  |
| **3.Dress and presentation of student is suitable for the setting** | **3** |  |  |  |  |  |  |
| **4.Appropriately prepared and organised for the placement** ie has ID badge and paper / pen | **1** |  |  |  |  |  |  |
| **5.Interacts suitably with SLTs and / or other professionals** | **8** |  |  |  |  |  |  |
| **6.Interacts suitably with clients and carers when required to do so** | **8** |  |  |  |  |  |  |
| **7.Shows interest in the therapeutic situation** eg asks questions | **4** |  |  |  |  |  |  |
| **8.Maintains confidentiality appropriately** | **6** |  |  |  |  |  |  |
| **9.Able to demonstrate professional behaviour**  | **HCPC** Guidance on conduct and ethics for students |  |  |  |  |  |  |
| **Signature of educator / mentor**  |  |  |  |  |  |  |

Please explain any areas where the student has not demonstrated the required behaviour / skill, and sign and date your comments:

Please add any additional comments eg strengths, and sign and date your comments:

BSc (Hons) & MSc Speech & Language Therapy

Core Skills 1.5

|  |  |
| --- | --- |
| **Name of student** |  |
| **Course and Year** (please select) | **BSc Year 1****MSc Year 1** |
| **Practice Placement area(s) and setting(s)** (e.g. paediatric community clinc; adult acute) |  |
| **Placement type** (please select) | **Ongoing****Block** |
| **Dates** | **Start date****End date****Total days** |
| **University Academic Advisor** |  |

## **Introduction**

The core skills outlined in this document are intended to support students to demonstrate their learning in the core skills which are relevant to their level of learning, and which are aligned to HCPC Standards of Proficiency (2023).

## Guidance for Practice Educators

The core skills form outlines some examples of activities that can support students to develop and achieve these skills. These are only examples; and not an exhaustive list, equally it is not necessary for students to carry out all activities listed. Where it is not possible for activities to be undertaken, students can take part in a guided, independent activity (e.g. create a summary of assessment or intervention relevant to a particular client group or engage in a clinical discussion about a client they have observed or worked with).

Students must provide evidence of their core skills development throughout their placement but students will need support from their practice educators to identify opportunities to undertake, that will contribute towards their core skills.

At mid and end placement, the student will present their core skills evidence to you. You are asked to review the core skills with them and indicate their level of learning, appropriate for their level. Guidance on the expected level for mid/end point of each placement is provided in a table at the end of this document.

Please note:

* The core skills are assessed as Pass/ Fail
* If the student has had the opportunity to develop a skill but has not shown this development, this is not demonstrated.
* If a student has not had the opportunity to demonstrate a skill, then it would be no opportunity.
* If a student fails a placement, they will need to resit the full placement.
* If a student is going to fail the placement or if you have any concerns about the student, please contact the student’s academic advisor. If this is done early in the placement, an action plan can be put in place to support the student
* Your feedback is invaluable to students. Wherever possible, please provide verbal and/ or written feedback for students on their activities and core skills.

## Guidance for students

Take time to review the core skills and examples of activities that could be used to demonstrate them as soon as you can. These examples are not exhaustive; add examples of your own if appropriate and discuss with your practice educator.

Each week, reflect on your learning logs and the activities you have undertaken to help you identify evidence of your learning and development.

Students must take responsibility for documenting evidence of the activities undertaken on the core skills form, to demonstrate your core skills development. This needs to be completed at the mid-point and at the end of placement for your educator to sign off the competencies.

For each of the core skills, you must summarise how you have demonstrated your learning. This should be in the form of a short statement or bullet points referring to your reflective log and any other evidence available.

It is important to be realistic and honest about your learning. It may not be possible to develop and evidence all the core skills. Your university tutor will discuss alternative opportunities for demonstrating core skills as required.

**Speech and Language Therapy Core Skills 1.5**

1. Professional conduct

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary**  | **Grading (please select)** |
| **1. Demonstrates non-discriminatory practice and respect for all service users and colleagues (SOPs 2/ 5)*** Gains consent to provide care from client
* Maintains dignity; recognises and considers individual differences
* Follows employer guidelines of non-discriminatory practice with clients and colleagues
* Person-centred approach and understands the demographics of population served
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Professional attitude and commitment to role (SOP 3/ 15)*** Punctuality, appropriate time management and organisation; prepares for tasks and meetings; timely completion of tasks and requests.
* Dress and presentation; displays interest and engagement; appropriate standards of personal conduct within and (where known) beyond setting.
* Always follows employer guidelines and policies, e.g. infection control; absence reporting; works within health and safety guidance; initiates health and safety actions; recognises boundaries of role and seeks guidance when appropriate.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Overall comments on professional conduct** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator (end):** |
| **ACTIONS (agreed with educator and student)** | **Mid Placement:** | **End Placement:**  |

1. Communication and working in partnership

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Grading (please select)** |
| **3. Suitable standard of spoken and written English (SOPs 7/ 9) Evidenced in clinical and professional work.** * With support, communicates effectively in verbal and written form; communication is clear, free from errors and appropriate for purpose.
* With support, gathers information from clients, carers, conveys information to clients and carers, e.g. making appointments; carrying out and recording outcomes of telephone reviews.
* With support, writes case notes and reports with guidance regarding content.
* With support, writes using professional format and terminology in projects and service documents.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **3.Initiates and develops relationships with service users, their families, and other professionals (SOPs 7/ 8)*** Engaged, interested and professional when working with all service users.

Recognises communication needs of clients by:* With support, actively uses strategies to try to support communication, with/ without support e.g. facilitates total communication; makes adaptations to communication where appropriate.
* With support, varies content and style for client, carer, professional; demonstrates active listening, e.g. empathy, clarification;
* With support, demonstrates appropriate communication skills with colleagues both individually and within teams.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **5. Maintains confidentiality in oral and written communication within the placement setting (SOP 6)*** Follows setting policy and professional body guidance on record-keeping; communicates appropriately with others in relation to client and service information.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Overall comments on communication and working in partnership** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** |  **Practice educator (end):** |
| **ACTIONS (agreed with educator and student)** |  |

1. Clinical Skills

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Supervisor/ university tutor comment (as applicable)** |
| **6. Makes accurate observations (SOP 13)*** Observe a client’s communication or eating/ drinking and report back to supervisor.
* With support, makes use of structured observation framework to gather, record and feedback findings.
* Prepares a case history pro-forma; with support, takes all or part of a case history.
* Makes accurate notes from meetings – clinical and professional.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **7. Administers and scores, formal or informal assessments (SOP 13)*** Observes an assessment and discusses process and/ or findings with educator
* With support, conducts all or part of an assessment with a client or role-play
* With support, scores assessment data provided by others
* With support, transcribes speech for client working with self or SLT
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **8. Prepares and/ or follows and/ or adapts a structured plan (SOP 13)*** Plans an activity for a client with support from educator
* Creates resources for own/ others’ sessions
* Carries out simple interventions with support from educator
* Practises activity with client after demonstration
* With support, writes session plan for client using SMART targets
* Carries out part of a session with a client, with support
* Uses accurate online recording (making notes of the client’s performance in tasks, transcription, scores in tasks etc.)
* Able to review session and suggest simple adaptations/ alternatives; NB can relate to project plan as well as clinical

**NB. To pass this core skill, the student must complete a minimum of one session plan (on which their educator has given feedback) at an appropriate level for their learning.** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Overall comment on clinical skills**  | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator (end):** |
| **ACTIONS (agreed with educator & student)** |  |

1. Application of theory to practice

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Supervisor/ university tutor comment (as applicable)** |
| 1. **Beginning to integrate broad principles of appropriate theory into practice/ role (SOPs 11/ 12/ 13)**
* Requests guidance on theory from placement educator
* With support, draws on relevant theory in discussion of client management (e.g. anatomy, linguistics, psychology)
* With support, includes appropriate theory in planning work with clients, e.g. using ICF to think about where to focus intervention; relates theory to project

**NB. This must be evidenced on the session plan, as for core skill including educator feedback.** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Overall comment on application of theory to practice** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator (end):** |
| **Actions (agreed with educator and student)** |  |  |

|  |  |
| --- | --- |
| **Mid placement grading**  | **Final placement grading** |
| **Pass/Fail Mid placement (100% emerging)** | **Pass/Fail End placement (100% appropriate for level)** |
|  |  |
| **Practice educator name**  | **Practice educator name**  |
|  |  |
| **Practice educator signature**  | **Practice educator signature**  |
|  |  |
| **Student name**  | **Student name** |
|  |  |
| **Student signature**  | **Student signature** |
|  |  |
| **Date** | **Date**  |
|  |  |

BSc (Hons) & MSc Speech & Language Therapy

Core Skills 2

|  |  |
| --- | --- |
| **Name of student** |  |
| **Course and Year** (please select) | **BSc Year 2 MSc Year 1** |
| **Practice Placement area(s) and setting(s)** (e.g. paediatric community clinc; adult acute) |  |
| **Placement type** (please select) | **Ongoing Block** |
| **Dates** | **Start date:****End date:****Total days:** |
| **University academic advisor**  |  |

## **Introduction**

The core skills outlined in this document are intended to support students to demonstrate their learning in the core skills which are relevant to their level of learning, and which are aligned to HCPC Standards of Proficiency (2023).

## Guidance for Practice Educators

The core skills form outlines some examples of activities that can support students to develop and achieve these skills. These are only examples; and not an exhaustive list, equally it is not necessary for students to carry out all activities listed. Where it is not possible for activities to be undertaken, students can take part in a guided, independent activity (e.g. create a summary of assessment or intervention relevant to a particular client group or engage in a clinical discussion about a client they have observed or worked with).

Students must provide evidence of their core skills development throughout their placement but students will need support from their practice educators to identify opportunities to undertake, that will contribute towards their core skills.

At mid and end placement, the student will present their core skills evidence to you. You are asked to review the core skills with them and indicate their level of learning, appropriate for their level. Guidance on the expected level for mid/end point of each placement is provided in a table at the end of this document.

Please note:

* The core skills are assessed as Pass/ Fail
* If the student has had the opportunity to develop a skill but has not shown this development, this is not demonstrated.
* If a student has not had the opportunity to demonstrate a skill, then it would be no opportunity.
* If a student fails a placement, they will need to resit the full placement.
* If a student is going to fail the placement or if you have any concerns about the student, please contact the student’s academic advisor. If this is done early in the placement, an action plan can be put in place to support the student
* Your feedback is invaluable to students. Wherever possible, please provide verbal and/ or written feedback for students on their activities and core skills.

## Guidance for students

Take time to review the core skills and examples of activities that could be used to demonstrate them as soon as you can. These examples are not exhaustive; add examples of your own if appropriate and discuss with your practice educator.

Each week, reflect on your learning logs and the activities you have undertaken to help you identify evidence of your learning and development.

Students must take responsibility for documenting evidence of the activities undertaken on the core skills form, to demonstrate your core skills development. This needs to be completed at the mid-point and at the end of placement for your educator to sign off the competencies.

For each of the core skills, you must summarise how you have demonstrated your learning. This should be in the form of a short statement or bullet points referring to your reflective log and any other evidence available.

It is important to be realistic and honest about your learning. It may not be possible to develop and evidence all the core skills. Your university tutor will discuss alternative opportunities for demonstrating core skills as required.

**Speech and Language Therapy Core Skills 2**

1. Professional conduct

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary**  | **Grading (please select)** |
| **1. Demonstrates non-discriminatory practice and respect for all service users (SOPs 2/ 5)*** Gains consent to provide care from client
* Maintains dignity; recognises and considers individual differences
* Follows employer guidelines of non-discriminatory practice with clients and colleagues
* Person-centred approach and understands the demographics of population served
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **2. Professional attitude and commitment to role (SOP 3/ 15)*** Punctuality, appropriate time management and organisation; prepares for tasks and meetings; timely completion of tasks and requests.
* Dress and presentation; displays interest and engagement; appropriate standards of personal conduct within and (where known) beyond setting.
* Always follows employer guidelines and policies, e.g. infection control; absence reporting; works within health and safety guidance; initiates health and safety actions; recognises boundaries of role and seeks guidance when appropriate.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **Overall comments on professional conduct** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator (end):** |
| **ACTIONS (agreed with educator and student)** | **Mid Placement:** | **End Placement:**  |

1. Communication and working in partnership

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Grading (please select)** |
| **3. Suitable standard of spoken and written English (SOPs 7/ 9) Evidenced in clinical work.** * Communicates effectively in verbal and written form; communication is clear, free from errors and appropriate for purpose.
* Gathers information from clients, carers, conveys information to clients and carers, e.g. making appointments; carrying out and recording outcomes of telephone reviews.
* Writes case notes and reports with guidance regarding content.
* Writes using professional format and terminology in projects and service documents.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **4. Initiates and develops relationships with service users, their families, and other professionals (SOPs 7/ 8)*** Engaged, interested and professional when working with all service users.

Recognises communication needs of clients by:* actively uses strategies to try to support communication, with/ without support e.g. facilitates total communication; makes adaptations to communication where appropriate.
* Varies content and style for client, carer, professional; demonstrates active listening, e.g. empathy, clarification;

demonstrates appropriate communication skills with colleagues both individually and within teams. | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **5. Maintains confidentiality in oral and written communication within the placement setting (SOP 6)*** Follows setting policy and professional body guidance on record-keeping; communicates appropriately with others in relation to client and service information.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **6.Understands role and or/ works within the MDT (SOP 8)*** Is able to explain the rationale for SLT role, e.g. with MDT or in role play
* Identifies involvement of other professionals with service users and shows understanding of their role
* Seeks and shares information with other professionals as appropriate
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **Overall comments on communication and working in partnership** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** |  **Practice educator (end):** |
| **ACTIONS (agreed with educator and student)** |  |

1. Clinical Skills

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Supervisor/ university tutor comment (as applicable)** |
| **7. Make accurate observations and can record and discuss them (SOP 13)*** Makes accurate observations of a client’s communication or eating/ drinking and report back to supervisor.
* makes use of structured observation framework to gather, record and feedback findings.
* Prepares a case history pro-forma; takes all or part of a case history.
* Makes accurate notes from meetings – clinical and professional.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **8.Administer, score, analyses or interpret formal or informal assessments (SOP 13)*** Observes an assessment and discusses process and/ or findings with educator
* Conducts all or part of an assessment with a client or role-play; scores and/ or analyses assessment data provided by others
* Transcribes speech for client working with self or SLT
* Makes appropriate suggestions for selecting assessments/ alternatives
* Discusses simple, holistic interpretation of findings; suggests next steps, based on findings
* Makes some links to theory
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **9. Prepares and/ or follows and/ or adapts a structured plan (SOP 13)*** Plans an activity for a client with/ without contingencies (step up/ down)
* Able to discuss or record rationale for therapy
* Creates resources for own/ others’ sessions
* Carries out simple interventions, e.g. practising activity with client after demonstration
* Writes session plan for client using SMART targets; carries out all or part of a session with a client, with/ without support
* Manages a session independently
* Accurate online recording (means making notes of the client’s performance in tasks through, transcription, scores in tasks etc.) of all or part of session carried out by self/ SLT/video
* Able to review session and suggest simple adaptations/ alternatives
* Uses step-up/ downs effectively to adapt a session

**To pass this core skill this must be evidenced on a session plan with educator feedback** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **10.Provides suitable encouragement, general/ specific feedback and learning/ behaviour change strategies (SOP 8/ 15)*** Uses choice of activities, verbal encouragement and/ or general feedback to engage client in session
* Provides specific feedback, modelling, prompting, cuing to support client learning
* Considers actions/ changes for clients/ carers/ others outside the session
* Uses strategies to support others to make changes/ complete activities
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **11. Reflects and adapts practice (SOP 10)*** Accurately reflects of own strengths and areas for development in relation to activity and/ or skills
* Identifies actions to support development
* Produces action plan for own development
* Listens to and acts on feedback; discusses next steps for own/ others’ client based on own/ observed session
* Evaluates session in terms of client and own skills

**To pass this core skill the student must provide evidence to their educator of one daily (ongoing placement) or one weekly (block placement) reflection of their learning**  | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **12. Plans and/ or delivers intervention that is holistic, evidence-based and tailored to individual need (SOPs 12/ 13)*** Suggests next steps following assessment/ intervention, with/without support
* Writes care plan for client with/ without support
* Can reflect on/ discuss short/ long term impact of communication/ eating and drinking difficulty on client
* Understands ICF in relation to planning aims for client
* Uses evidence based practice to support client planning
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **Overall comment on clinical skills**  | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator (end):** |
| **ACTIONS (agreed with educator & student)** |  |

1. Application of theory to practice

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Supervisor/ university tutor comment (as applicable)** |
| **13. Integrates appropriate theory into practice/ role (SOP 11/ 12/ 13)*** Requests guidance on theory from placement educator e.g. draws on relevant theory in discussion of client management (e.g. anatomy, linguistics, psychology)
* Includes appropriate theory in planning work with service users, e.g. care or session plans with/ without guidance
* Relates to client data to simple models

**To pass this core skill this must be evidenced on a session plan with educator feedback** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **14. Demonstrates knowledge of a range of therapeutic management for the client group (SOP 11/ 13)*** Collates summary of evidence for relevant clinical area and discusses with supervisor
* Researches and presents on topics to support clinical area, e.g. Apps; telehealth
* Makes resources, e.g. leaflets to support clinical setting
* Undertakes specific projects identified by the setting, e.g. service user feedback; awareness raising; communication friendly information; training others
* Completes audits for the service
* Supports in a MDT clinic or ward round
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingFully met |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingFully met |
| **Overall comment on application of theory to practice** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator (end):** |
| **Actions (agreed with educator and student)** |  |  |

|  |  |
| --- | --- |
| **Mid placement grading** | **Final placement grading** |
| **Pass/Fail Mid placement (100% emerging)** | **Pass/Fail End placement (100% appropriate for level)** |
|  |  |
| **Practice educator name**  | **Practice educator name**  |
|  |  |
| **Practice educator signature**  | **Practice educator signature**  |
|  |  |
| **Student name**  | **Student name** |
|  |  |
| **Student signature**  | **Student signature** |
|  |  |
| **Date**  | **Date**  |

 BSc (Hons) & MSc Speech & Language Therapy

Core Skills 3

|  |  |
| --- | --- |
| **Name of student** |  |
| **Course and Year** (please select) | **BSc Year 3** **MSc Year 2** |
| **Practice Placement area(s) and setting(s)** (e.g. paediatric community clinc; adult acute) |  |
| **Placement type** (please select) | **Ongoing** **Block** |
| **Dates** | **Start date:****End date:****Total days:** |
| **University Academic Advisor**  |  |

## **Introduction**

The core skills outlined in this document are intended to support students to demonstrate their learning in the core skills which are relevant to their level of learning, and which are aligned to HCPC Standards of Proficiency (2016).

## Guidance for Practice Educators

The core skills form outlines some examples of activities that can support students to develop and achieve these skills. These are only examples; and not an exhaustive list, equally it is not necessary for students to carry out all activities listed. Where it is not possible for activities to be undertaken, students can take part in a guided, independent activity (e.g. create a summary of assessment or intervention relevant to a particular client group or engage in a clinical discussion about a client they have observed or worked with).

Students must provide evidence of their core skills development throughout their placement but students will need support from their practice educators to identify opportunities to undertake, that will contribute towards their core skills.

At mid and end placement, the student will present their core skills evidence to you. You are asked to review the core skills with them and indicate their level of learning, appropriate for their level. Guidance on the expected level for mid/end point of each placement is provided in a table at the end of this document.

Please note:

* The core skills are assessed as Pass/ Fail
* If the student has had the opportunity to develop a skill but has not shown this development, this is not demonstrated.
* If a student has not had the opportunity to demonstrate a skill, then it would be no opportunity.
* If a student fails a placement, they will need to resit the full placement.
* If a student is going to fail the placement or if you have any concerns about the student, please contact the student’s academic advisor. If this is done early in the placement, an action plan can be put in place to support the student
* Your feedback is invaluable to students. Wherever possible, please provide verbal and/ or written feedback for students on their activities and core skills.

## Guidance for students

Take time to review the core skills and examples of activities that could be used to demonstrate them as soon as you can. These examples are not exhaustive; add examples of your own if appropriate and discuss with your practice educator.

Each week, reflect on your learning logs and the activities you have undertaken to help you identify evidence of your learning and development.

Students must take responsibility for documenting evidence of the activities undertaken on the core skills form, to demonstrate your core skills development. This needs to be completed at the mid-point and at the end of placement for your educator to sign off the competencies.

For each of the core skills, you must summarise how you have demonstrated your learning. This should be in the form of a short statement or bullet points referring to your reflective log and any other evidence available.

It is important to be realistic and honest about your learning. It may not be possible to develop and evidence all the core skills. Your university tutor will discuss alternative opportunities for demonstrating core skills as required.

**Speech and Language Therapy Core Skills 3**

1. Professional conduct

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary**  | **Grading (please select)** |
| **1. Practices with reference to appropriate legislation*** Identifies legislation relevant to client group and setting
* Demonstrates knowledge of key principles of legislation
* Shows understanding of application of legislation when making clinical decisions
* Understands implications of not practicing within relevant legislation
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level  |
| End of placement:  | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **2. Ability to make autonomous decisions. Ready to commence independent practice. (SOP 4)*** Is able to independently make clinical decisions of non-complex clients; eg intervention, discharge, referral to another agency
* Recognises when to discuss decisions with educator
* Recognises areas for further development and identifies actions
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Overall comments on professional conduct** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):**  | **Practice educator (end):** |
| **ACTIONS (agreed with educator and student)** | **Mid Placement:** | **End Placement:**  |

1. Communication and working in partnership

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Grading (please select)** |
| **3. Varies content and style of communication, e.g. for client, carer, professional (SOP 8)** * Able to convey verbal and written information in appropriate language, avoiding jargon
* Able to explain clearly a variety of information such as assessment processes and findings, diagnoses, next steps;
* Answers questions from clients, carers or professionals appropriately and clearly
* Uses professional terminology in discussions with other professionals, as appropriate
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **4. Demonstrates skilled interaction for those with communication impairments*** Recognises communication needs of clients
* Actively uses strategies to support communication
* Monitors and adjusts language levels when providing explanations as appropriate
* Uses and facilitates total communication
* Provides time and appropriate support for clients’ communication
 | Mid Placement:  | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement:  | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
|  **5.**  **Writes records and reports in a succinct and appropriate style (SOP 10)*** Uses electronic systems to record information
* Produces accurate, written record of client contact, provides appropriate level of detail and uses appropriate language for purpose of record or report
* Structures information appropriately
* Writes reports appropriate for purpose and all recipients
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement:  | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **6. Recognises and works within boundaries of role (SOP 9)*** When working with clients, able to identify role of SLT and others including others including clients, carers and others involved in client care
* Understands professional duties and responsibility of SLT
* Understands when to make referrals, seek advice or initiate urgent action
* Appropriately seeks and engages in supervision
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **7.Initiates and sustains appropriate professional relationships and can work as part of a team (SOP 9)*** Actively engages with own team or others where appropriate
* Recognises own role within uni- or multi-disciplinary team
* Communicates with other professionals as needed to support client care
* Carries out joint sessions with other professionals as appropriate for client care
* Has clear understanding of the role of different professionals
 | Mid Placement:  | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Overall comments on communication and working in partnership** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator (end):** |
| **ACTIONS (agreed with educator and student)** | **Mid:** | **End:** |

1. Clinical Skills

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Supervisor/ university tutor comment (as applicable)** |
| **8. Accurate online recording (including accurate phonetic transcription) (SOP 14)*** Makes accurate recordings of formal and informal assessments whilst managing session
* Recordings provide appropriate information for purpose of session, e.g. initial assessment
* SMART targets in therapy session
* Quality and quantity of information recorded can be used to interpret client performance and determine next steps
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **9.Interprets and integrates observations with other info gathered (e.g. case history, formal assessment, informal assessment, to provide holistic picture (SOP 14)*** Able to analyse and interpret information to determine client’s strengths and areas of difficulty
* Able to identify relevant sources of information
* Recognises where additional information is needed and how to gather this
* Makes use of ICF to provide holistic picture of client including role of personal and environmental factors
* Integrates holistic understanding of client into care plan
* Aims of care plan reflect holistic understanding of client
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **10. Independent in production and execution of a structured plan with suitable adaptations during sessions in response to client need (SOP 14)*** Produces session plan independently; selects appropriate SMART targets to meet aims of episode of care
* Select activities and materials that are appropriate to meet the aims and targets
* Activities and materials are engaging and client-centred
* Session is run independently and able to use step-up/ downs effectively to adapt a session
* Can evaluate the session accurately in terms of own skills and decisions and can makes appropriate suggestions for change

**To pass this core skill, this needs to be evidenced on a session plan with educator feedback** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **11. Embeds research/ evidence base in the plan by providing a clear rationale for choice of therapy approach (SOP 14)*** Able to select and discuss appropriate research evidence to support selection of aims and therapy approach
* Recognises value and limitations of selected research in relation to specific client
* Appropriate rationale included in care plans relating to client group

**To pass this core skill, this needs to be evidenced on a session plan with educator feedback** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End Placement:  | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **12. Provides specific therapeutic feedback to guide learning (SOP 14)*** Provides or discusses specific feedback, modelling, prompting, cuing etc to support client learning
* Considers actions/ changes for clients/ carers/ others beyond the session
* Uses or discusses strategies to support others to make changes/ complete activities
* Includes use of therapeutic feedback strategies in session plan
 | Mid Placement: | **Mid Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **13. Can manage own caseload, e.g. prioritisation (SOP 14)*** Can make and discuss prioritisation decisions in relation to a selection of clients seen or discussed with educator
* Prioritises own time to complete placement tasks effectively
* Engages in written tasks relating to caseload prioritisation with a hypothetical caseload
* Can rationalise decisions for caseload prioritisation based on the settings prioritistion criteria and knowledge of wider frameworks such as NICE guidelines.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **14. Plans and delivers intervention that is holistic and tailored to individual need (SOP 5)*** Integrates ICF into care plans
* Recognises that personal and environmental factors can influence client engagement with therapy
* Identifies and respects client’s owns preferences when selecting goals
* Engages in shared decision making

**NB. To pass this core skill, this must be evidenced on a session plan with educator feedback** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **15. Realistic in long term planning, determining prognosis and understanding how the role of the SLT might change (SOP 14)*** Shows understanding of client and service-related factors that impact SLT role with client
* Considers how medical, psychological and social factors may influence long term outcomes
* Is able to draw on current understanding of clients medical condition to support long term planning for prognosis and intervention.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **16. Effective use of outcomes to evaluate therapy (SOP 12)*** Suggest suitable outcome measure in relation to client/ intervention
* Able to discuss/ reflect on value of outcomes measures for client and/ or service
* Collates summary/ evaluation of outcome measures
* Can use outcome measures to support discussion around therapeutic management of client.
* Can discuss the pros and cons of some outcome measures with educator
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **17. Reflects and adapts practice independently (SOP 11)*** Accurately reflects of own strengths and areas for development in relation to activity and/ or skills
* Listens to and acts on feedback
* Identifies and executes actions to support development
* Produces action plan for own development
* Discusses next steps for own/ others’ client based on own/ observed session
* Evaluates session in terms of client and own skills and acts on these

**NB. To pass this core skill, the student must provide evidence to their educator, of one daily (ongoing placement) or one weekly (block placement) reflection of their learning.** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of Placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **18. Identifies and guides others in health and safety practice (SOP 15)*** Follows relevant health and safety policies or models best practice
* Identifies and reports any health and safety risks
* Can discuss health and safety practices related to setting e,g, lone worker policy, telehealth policies
* Student can support others or discuss health and safety practices such as outline fire evacuation procedures to clients or staff in group or training situations.
* Student can complete written health and safety task related to the setting.
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Overall comment on clinical skills**  | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator (end):** |
| **ACTIONS (agreed with educator & student)** | **Mid:** | **End:** |

1. Application of theory to practice

|  |  |  |
| --- | --- | --- |
| **Core skills & examples of supporting activities** | **Student summary** | **Supervisor/ university tutor comment (as applicable)** |
| **19. Independently researches appropriate theory and integrates into client management (SOP 13)*** Draws on relevant theory in discussion of client management e.g. anatomy, linguistics, psychology
* Includes appropriate theory in planning work with service users, e.g. care and session plans
* Relates client data to appropriate models and uses theory to hyothesise breakdown and plan intervention

**NB. To pass this core skill, this must be evidenced on a session plan with educator feedback** | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of Placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **20. Discusses evidence base in relation to therapeutic management of client group (SOP 14)** * Collates summary of evidence for relevant clinical area and discusses with supervisor
* Researches and presents on topics to support clinical area, e.g. Apps; telehealth; makes resources, e.g. leaflets to support clinical setting
* Undertakes specific projects identified by the setting, e.g. service user feedback
* Awareness raising; communication friendly information
* Training others and/or completes audits
 | Mid Placement: | **Mid Placement**:No opportunityNot demonstratedEmergingAppropriate for level |
| End of placement: | **End of Placement:**No opportunityNot demonstratedEmergingAppropriate for level |
| **Overall comment on application of theory to practice** | **Student (mid):** | **Practice educator (mid):** |
| **Student (end):** | **Practice educator(end):** |
| **Actions (agreed with educator and student)** | **Mid:**  | **End:** |

|  |  |
| --- | --- |
| **Mid placement grading** | **Final placement grading** |
| **Pass/Fail mid placement 2023-24 only** **BSc L6 ongoing 50% emerging****BSc L6 block 50% appropriate for level****MSc 2 block 50% appropriate for level** | **Pass/Fail end placement 2023-24 only** **BSc L6 ongoing 100% emerging****BSc L6 block 100% appropriate for level** **MSc2 block 100% appropriate for level** |
|  |  |
| **Practice educator name**  | **Practice educator name**  |
|  |  |
| **Practice educator signature**  | **Practice educator signature**  |
|  |  |
| **Student name**  | **Student name** |
|  |  |
| **Student signature**  | **Student signature** |
|  |  |
| **Date**  | **Date**  |

## Appendix 10

**Pre-registration eating, drinking and swallowing (EDS) competencies**

**2023-24**

**BSc (Hons) Speech and Language Therapy**

**MSc Speech and Language Therapy**

**Administration and other enquiries:**

**Email:** **sltplacements@leedsbeckett.ac.uk**

**Website:** [Practice Learning](http://www.leedsbeckett.ac.uk/studenthub/placement-information/health-and-social-care-practice-learning-team/)

**Phone:** 0113 8124525

**Twitter:** @SLTBeckett

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[Suggested resources/reading 5](https://ukc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-gb&rs=en-gb&wopisrc=https%3A%2F%2Fleedsbeckett.sharepoint.com%2Fsites%2FSSS_Leedsbeckett_Speech_and_Language_Therapy%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fc414f664f5044c75b678c1c93d350a7c&wdenableroaming=1&mscc=1&hid=458540a7-cc12-480e-a35a-fa7aa208cfd0.0&uih=teams&uiembed=1&wdlcid=en-gb&jsapi=1&jsapiver=v2&corrid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&usid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&newsession=1&sftc=1&uihit=UnifiedUiHostTeams&muv=v1&accloop=1&sdr=6&scnd=1&sat=1&rat=1&sams=1&mtf=1&sfp=1&halh=1&hch=1&hmh=1&hwfh=1&hsth=1&sih=1&unh=1&onw=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fwww.microsoft365.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=TEAMS-ELECTRON.teamsSdk.openFilePreview&wdhostclicktime=1691160346466&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_Toc132106707)

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[Summary of Competencies 7](https://ukc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-gb&rs=en-gb&wopisrc=https%3A%2F%2Fleedsbeckett.sharepoint.com%2Fsites%2FSSS_Leedsbeckett_Speech_and_Language_Therapy%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fc414f664f5044c75b678c1c93d350a7c&wdenableroaming=1&mscc=1&hid=458540a7-cc12-480e-a35a-fa7aa208cfd0.0&uih=teams&uiembed=1&wdlcid=en-gb&jsapi=1&jsapiver=v2&corrid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&usid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&newsession=1&sftc=1&uihit=UnifiedUiHostTeams&muv=v1&accloop=1&sdr=6&scnd=1&sat=1&rat=1&sams=1&mtf=1&sfp=1&halh=1&hch=1&hmh=1&hwfh=1&hsth=1&sih=1&unh=1&onw=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fwww.microsoft365.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=TEAMS-ELECTRON.teamsSdk.openFilePreview&wdhostclicktime=1691160346466&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_Toc132106709)

[Record of EDS Competencies 9](https://ukc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-gb&rs=en-gb&wopisrc=https%3A%2F%2Fleedsbeckett.sharepoint.com%2Fsites%2FSSS_Leedsbeckett_Speech_and_Language_Therapy%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fc414f664f5044c75b678c1c93d350a7c&wdenableroaming=1&mscc=1&hid=458540a7-cc12-480e-a35a-fa7aa208cfd0.0&uih=teams&uiembed=1&wdlcid=en-gb&jsapi=1&jsapiver=v2&corrid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&usid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&newsession=1&sftc=1&uihit=UnifiedUiHostTeams&muv=v1&accloop=1&sdr=6&scnd=1&sat=1&rat=1&sams=1&mtf=1&sfp=1&halh=1&hch=1&hmh=1&hwfh=1&hsth=1&sih=1&unh=1&onw=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fwww.microsoft365.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=TEAMS-ELECTRON.teamsSdk.openFilePreview&wdhostclicktime=1691160346466&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_Toc132106710)

[EDS detailed hours log 42](https://ukc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-gb&rs=en-gb&wopisrc=https%3A%2F%2Fleedsbeckett.sharepoint.com%2Fsites%2FSSS_Leedsbeckett_Speech_and_Language_Therapy%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fc414f664f5044c75b678c1c93d350a7c&wdenableroaming=1&mscc=1&hid=458540a7-cc12-480e-a35a-fa7aa208cfd0.0&uih=teams&uiembed=1&wdlcid=en-gb&jsapi=1&jsapiver=v2&corrid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&usid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&newsession=1&sftc=1&uihit=UnifiedUiHostTeams&muv=v1&accloop=1&sdr=6&scnd=1&sat=1&rat=1&sams=1&mtf=1&sfp=1&halh=1&hch=1&hmh=1&hwfh=1&hsth=1&sih=1&unh=1&onw=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fwww.microsoft365.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=TEAMS-ELECTRON.teamsSdk.openFilePreview&wdhostclicktime=1691160346466&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_Toc132106711)

[SLT-supervised adult client-facing contact across period of study 43](https://ukc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-gb&rs=en-gb&wopisrc=https%3A%2F%2Fleedsbeckett.sharepoint.com%2Fsites%2FSSS_Leedsbeckett_Speech_and_Language_Therapy%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fc414f664f5044c75b678c1c93d350a7c&wdenableroaming=1&mscc=1&hid=458540a7-cc12-480e-a35a-fa7aa208cfd0.0&uih=teams&uiembed=1&wdlcid=en-gb&jsapi=1&jsapiver=v2&corrid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&usid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&newsession=1&sftc=1&uihit=UnifiedUiHostTeams&muv=v1&accloop=1&sdr=6&scnd=1&sat=1&rat=1&sams=1&mtf=1&sfp=1&halh=1&hch=1&hmh=1&hwfh=1&hsth=1&sih=1&unh=1&onw=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fwww.microsoft365.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=TEAMS-ELECTRON.teamsSdk.openFilePreview&wdhostclicktime=1691160346466&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_Toc132106712)

[Direct, SLT-supervised paediatric client-facing contact across period of study 43](https://ukc-word-edit.officeapps.live.com/we/wordeditorframe.aspx?ui=en-gb&rs=en-gb&wopisrc=https%3A%2F%2Fleedsbeckett.sharepoint.com%2Fsites%2FSSS_Leedsbeckett_Speech_and_Language_Therapy%2F_vti_bin%2Fwopi.ashx%2Ffiles%2Fc414f664f5044c75b678c1c93d350a7c&wdenableroaming=1&mscc=1&hid=458540a7-cc12-480e-a35a-fa7aa208cfd0.0&uih=teams&uiembed=1&wdlcid=en-gb&jsapi=1&jsapiver=v2&corrid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&usid=2ad01c6d-5909-4c40-be0d-4aaf9a3a908e&newsession=1&sftc=1&uihit=UnifiedUiHostTeams&muv=v1&accloop=1&sdr=6&scnd=1&sat=1&rat=1&sams=1&mtf=1&sfp=1&halh=1&hch=1&hmh=1&hwfh=1&hsth=1&sih=1&unh=1&onw=1&dchat=1&sc=%7B%22pmo%22%3A%22https%3A%2F%2Fwww.microsoft365.com%22%2C%22pmshare%22%3Atrue%7D&ctp=LeastProtected&rct=Normal&wdorigin=TEAMS-ELECTRON.teamsSdk.openFilePreview&wdhostclicktime=1691160346466&instantedit=1&wopicomplete=1&wdredirectionreason=Unified_SingleFlush#_Toc132106713)

# Information for learners, practice educators and lecturers

### What is the pre-registration eating, drinking and swallowing competencies?

In 2021, Royal College of Speech and Language Therapists (RCSLT) published the ‘Dysphagia Training and Competency Framework’, detailing recommendations for knowledge, skills and competency development across the speech and language therapy profession.

It states: “RCSLT’s vision is that all Newly Qualified Practitioners’ (NQPs) will leave HEIs with comparable knowledge and demonstrable skills in dysphagia” and that “Clinical placements need to support teaching with observational and practical experience with dysphagic clients” (RCSLT, 2014, p10). Further to this statement, RCSLT and Health Education England (HEE) acknowledged that to ensure future SLT graduates have the necessary skills in EDS when entering the workforce more needed to be done. Following RCSLT scoping and working group input, RCSLT updated the EDS frameworks to form the Pre-registration EDS competencies.

Learners will start to acquire these competencies from 2024 but completion of the ESD competencies will become an expectation for everyone graduating from a speech and language programme from 2026 onwards. SLT graduates will be required to provide evidence for the **20 EDS competencies, achieving minimum of 16/20,** and complete a detailed clinical hours log containing **60 hours of clinical practice** in EDS to complete their course.

In response to the RCSLT requirement, we have created this record of pre-registration competency in EDS with example content, to ensure that learners will be equipped with an understanding, structure, and framework to achieve the aims. This document’s objective is to support not only learners, but practice educators and tutors working with service-users who have dysphagia.

Learners should be supported to work through their EDS competencies, from observing sessions to carrying out independent work. Practice educators and lecturers are asked to verify or ‘sign off’ the students’ competency level as they develop and, where appropriate, provide comments and feedback. RSCLT state: “Signing off a skill or activity indicates that the placement supervisor has observed knowledge, skill or competence at that time. It does not make the supervisor responsible for the student’s ability to practise once the learner has left placement; this would be the case for any area of clinical practice” (RCSLT, 2014, p13).

The pre-registration EDS competencies have been designed in sections which focus on each of the 20 competencies outlined by RCSLT. Within each section there are practice-based learning examples based on, the RCSLT’s Pre-registration eating, drinking and swallowing competencies: Practice-based examples (version 1 – March, 2023), these provide additional information for the learner, practice educators and lecturers to support and achieve skills within each competency area. The list of example tasks provided is not exhaustive and there may be many other tasks that can be done to achieve each competency dependant on the learner's clinical placement experience. Neither is the list of example tasks a checklist – students do not need to demonstrate all examples in order for the competency to be signed off. Please contact a university tutor if you need further guidance on appropriate tasks.

It is acknowledged that not all students will have the same level of experience. This document provides a structure to record and evidence the experiences that learners will undertake during university lectures and workshops, on clinical placement or in other settings. It is expected that SLT learners will demonstrate at least **16 out of the 20** competencies outlined in this document before they graduate from the course.

## Mandatory practice placement hours

All SLT student graduates eligible to apply to the HCPC will have to provide evidence that they have achieved a minimum of 16/20 EDS competencies and a total number of 60 hours experience across adult and paediatric service user groups who have difficulties with eating, drinking and swallowing by the end of their training period.

RCSLT (2021) indicate the following conditions:

1. At least 30 hours must be direct, SLT-supervised, adult patient-facing contact
2. At least 10 hours must be direct, SLT-supervised paediatric patient-facing contact

All learners are expected to work within the Health and Care Professions Council’s (HCPC) Standards of conduct, performance, and ethics (HCPC, 2016) and the Standards of Proficiency for speech and language therapists (HCPC, 2014). All learners should seek support and supervision in any situations that are beyond their confidence and competence.

## Evidencing skills, experiences, and competence

There are many forms of evidence, such as reflections, documentation of assessments, case notes, resources, training materials. Learners are encouraged to share their evidence with their practice educators. **All evidence must be kept strictly confidential with no identifiable data.**

## Which competencies should be face to face?

RCSLT (2021) recommend that a number of EDS competencies can only be achieved from direct service user contact which has been colour coded on the contents list and EDS document. The following key has been provided below:

 = required face-to-face in the clinical setting

 = suggested face-to-face in the clinical setting

##  Grading the profile evidence

The SLT learner has the responsibility for ensuring that they gain a signature and date for the developing and achieved section from an appropriate lecturer or practice educator. The SLT learner must ensure that they keep their own documents containing evidence relating to each competency, and a detailed hours log.

RCSLT (2021) outline the grading system as developing and achieved and offer the following guidance for learners, practice educators and lecturers:

**Developing: “**The use of the developing column allows progress towards the achievement of a competence to be recognised. The same person may sign developing and achieved boxes. The learner is encouraged to consider EDS difficulties across the scope of practice and range of settings that SLTs work in” (RCSLT, 2021, P.31).

**Achieved:** “In order for the competency to be recognised and achieved it must be observed and demonstrated on at least two different occasions and formalised by two signatures which maybe from the same person” (RSCLT, 2021, p. 31).

## Explanation of terms

 **(taken from RCSLT, 2021, p. 6)**

|  |  |
| --- | --- |
| **Term**  | **Explanation**  |
| Carer | Refers to unpaid and paid carers or family members  |
|  Competency   |  A professional competency can be described as an integration of knowledge, understanding, and subject-specific skills and abilities that are used by a person to function according to the demands that are put upon them in the specific speech and language therapy context   |
|  Learner  |  The preferred term used by the Health and Care Professional Council (HCPC) as it allows greater flexibility when describing learners in different entry routes into the profession.   |
|  Practice educator  |  A registered SLT with overall responsibility for facilitating the education of the learner SLT whilst they are on clinical placement.  |
|  Service user |  A broad term to refer to those who use the services of SLT’s (directly or indirectly). Different setting uses different terms such as in schools the service user maybe known as “the child” or in hospital the service user maybe known as “the patient” or “the client”.   |

## Suggested resources/reading

**Adult resources:**

These textbooks may support your clinical learning in EDS, however, please refer to your subject modules for the full list of references.

Cocks, N. & Harding, C. (2012) Developing Clinical Skills in Dysphagia.

Guildford: J&R Press Ltd.

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## Summary of Competencies

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| Competency Number  | Details  |
| 1  | Discuss the importance of EDS and the service user’s goals with the service user/family/carer |
| 2 | Apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties  |
| 3 | Identify information required from case history and referral information that will guide the service user/family/carer interviews  |
| 4  | Obtain detailed background information from case notes relevant to EDS |
| 5  | Carry out oral facial (sensory and motor) examinations on population without EDS difficulties |
| 6  | Recognise the positive and negative impacts of modifying aspects of the EDS process |
| 7  | Describe the indications for and against non-oral supplementation of nutrition and/or hydration |
| 8 | Recognise the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses  |
| 9  | Discuss service user/family/carer perspective when taking detailed case histories relevant to EDS |
| 10  | Evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulties. |
| 11 | Formulate hypotheses and outline possible intervention options for discussion with the practice educator  |
| 12 | Apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans  |
| 13 | Explain management programmes to service users/families/carers and relevant team members  |
| 14 | Use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)  |
| 15 | Synthesise information on psychological, social and biomechanical factors with assessment findings to formulate diagnoses  |
| 16 | Synthesise information on psychological, social and biomechanical factors with assessment findings to develop person-centred intervention plans  |
| 17 | Identify specific person-centred outcomes to support review scheduling  |
| 18 | Identify specific person-centred outcomes to identify appropriate discharge points  |
| 19 | Discuss the ethical issues associated with EDS for service users/family/carers  |
| 20 | Identify situations associated with EDS issues that require the initiation of safeguarding discussions |



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## Record of EDS Competencies

RCSLT require a minimum of 2 sign offs at ‘achieved’ to demonstrate each competency. This can be the same activity on 2 occasions, or 2 different activities on separate occasions. Continuing to collect evidence above the minimum level will support students to develop further skills and confidence.

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| **EDS Competency 1****Speech and language Therapy learner is able to…..**  | Clinical based examples to achieve the competency   | Student summary  | Grading (please select)  | Practice educator/lecturer signature and date |
| **Discuss the importance of EDS and the service user’s goals with the service user/family/carer****- i.e. what is the impact of having EDS difficulties and how does this lead into setting meaningful goals for the client** | Discussion with a client/ parents/legal guardian around what their own goals of SLT intervention are in relation to EDS.Use alternative augmentative communication (AAC) to support a service user with communication and swallowing difficulties set goals for EDS intervention e.g. talking mats, symbol based programme.  Develop and/or use an accessible version of an outcome measure specific for EDS e.g. TOMs Work with an interpreter to discuss EDS goals with a service user and/or their familyDiscuss with your practise educator, what the potential range of different personal, cultural and medical factors that could be important to a service user/family/carer (i.e. psychosocial factors around family meals, going out, embarrassment, deteriorating health etc.) Participate in Education Health Care Plan (EHCP) meet to review and update service users’ goals with family, legal guardian, and members of the multidisciplinary team (MDT) Discuss with your Practice educator, how you may involve a service user who does not have mental capacity around their EDS in a goal setting session.  |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
|   | Developing Achieved     | Practice educator name:  Practice educator signature:  Date: |
|   | Developing Achieved    | Practice educator name:  Practice educator signature:  Date: |
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| **EDS Competency 2** **Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Apply health and safety procedures related to working with service users who are at risk of, or who present with, EDS difficulties** | Understand the various levels of infection control precautions that need to be taken relating to the infection risk level of a service user in a hospital/acute setting  Understand and comply with the various levels of PPE required for services users with a varied range of infection risk in relation to local policies.  Comply with lone working policy and PPE requirements for assessment of service users in their own home. Comply with local health and safety and infection control in all settings including storage and administration of food and drink for trials. Review population specific policies/ guidelines (eg, NICE guidelines, trust specific guidelines/ pathways). Understand and comply with the local department’s health and safety and infection control with consideration of challenges this may present in a range of settings.  |   | Developing Achieved     | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved       | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 3****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Identify information required from case history and referral information that will guide the service user/family/carer interviews** | Identify pertinent information from a referral that may suggest that the service user has EDS difficulties. Gain further information on a EDS referral from ward staff in an acute setting.  Discuss EDS referrals or potential referrals to the SLT service in MDT meetings.  Gain information from a previous SLT who may have provided input for a service users EDS difficulties prior to referral to the current service e.g. acute.  Discuss the referral with the service user or family member by telephone. Access past medical history for further pertinent information regarding the service user’s referral.  |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 4****Speech and language Therapy learner is able to…..**  |  Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Obtain detailed background information from case notes relevant to EDS** | Review pertinent information from case notes to provide background information on the service users EDS including risks on health.  Create a summary of the potential sources you could gain background information from to provide more detail on the service user. Discuss your findings with your Practice educator.  Access reports from medical professionals and other AHP’s or SLT’s on previous input related to health outcomes that maybe relevant to EDS.   |   | Developing Achieved     | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 5****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Carry out oral facial (sensory and motor) examinations on population without EDS difficulties.**  | Provide information on findings for service users who have speech difficulties when completing oro-motor assessments.  Create an oro-motor assessment crib sheet which indicates the innervation of cranial nerves and how you would assess these.  Discuss the oro-motor assessment with your lecturer or Practice educator describing the cranial nerve innervation and how food/drink passes from the mouth to the oesophagus. Complete an oro-motor on family and friends and within the university workshops.   |   | Developing Achieved     | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 6****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Recognise the positive and negative impacts of modifying aspects of the EDS process**  | Write a summary or explain to a Practice educator/lecturer about the potential positive and negative impacts of modifying a service users' food and/or drink.  Review up-to-date evidence around texture modification for food and drink.  Gain feedback from service users, care home staff, families, and hospital staff on their perspectives of positive and negative impacts of food/drink modification.  Provide an audit around compliance of texture modified food and drinks in a range of settings with consent from your Practice educator  Become familiar with the International Dysphagia Diet Standardisation Initiative (IDDSI) for food and drink modification. Present to your findings to your lecturer/Practice educator  Modify and taste food and drinks that have been modified using IDDIS. Gain feedback from the experience through group discussion and personal reflections.   |   | Developing Achieved       | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved       | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 7****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Describe the indications for and against non-oral supplementation of nutrition and/or hydration** | Discuss enteral feeding with a dietitian, consultant, GP etc.  Shadow an enteral feeding dietitian or nurse. Discuss the pros and cons of enteral feeding.  Discuss local service policy for long- and short-term enteral feeding and the rationale. Provide a summary of your findings.  Review evidence for a range of client groups that may benefit from enteral feeding. Are there any groups or service users this is not a recommended action?  How do RIG and PEGS differ? Interview or discuss with a gastroenterology consultant or enteral feeding nurse. Research which service user group prophylactic PEG maybe beneficial or a recommendation.  Review whether the local service has a feed at risk policy, outlining the main points of this in relation to the service user group.  For a service user who has communication and eating and drinking difficulties – devise accessible information to support decision making around this area.  Develop a leaflet identifying the positives and negatives of enteral feeding – provide an easy read format for service users who have a communication difficulty.  Observe a session where enteral feeding is discussed with a service user.  Debate with lecturers and peers the positive and negatives of non-oral feeding with a range of client groups.  Discuss information you would need to collect in preparation for a best interest meeting (BIM) for a client who does not have capacity to consent to non-oral supplemental nutrition and hydration.  |   | Developing Achieved     | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved       | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 8****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Recognise the signs and symptoms of oropharyngeal and oesophageal dysphagia to inform diagnostic hypotheses** | Familiarise yourself with the local services swallowing assessment template before observing an SLT carry out an assessment. Review the results and discuss possible diagnostic hypothesis. Observations can also be achieved through videos or telehealth appointments Present a case study to your lecturer/Practice educator highlighting the signs and symptoms of oro-pharyngeal and oesophageal dysphagia.  Create brief (bite-sized)training sessions for service-users, care home staff, nurses or family members outlining “What is dysphagia?” with signs and symptoms and possible underlying causes.  Create a leaflet to explain “What is dysphagia?” to service users, family members and professionals. Explore the signs and symptoms of dysphagia. Modify the language for the appropriate audience. |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 9****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Discuss service user/family/carer perspective when taking detailed case histories relevant to EDS - aim to move beyond simple collection of information to understand the impact of information gathered e.g. reduced mobility may mean difficulty preparing meals for themselves**  | Review and practice the use of the local services case history form to gather information from service user, family, care staff. Gather information relevant to the EDS difficulties and their views of the concerns they have including their goals.  Review the case history form, how do you have to phrase the questions dependant on the role of the interviewee. Reflect on whether the case history form ensures that you gain thorough information.  Observe a SLT carrying out a case history with a range of service users or professionals. Reflect on how these questions are phrased.  Develop your own case history form and practise with service users in a range of settings.  Carry out a case history with support from your Practice educator, for a service user who has EDS difficulties.  |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 10****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Evaluate oral, facial, and swallowing functioning of service users at risk of EDS difficulties** | Carry out an oral, facial motor assessment and swallowing assessment for a range of service users at risk of EDS and feedback your findings to your Practice educator.  Consider carrying out a oral, facial and swallowing assessment in a variety of settings if the service user attends many such as School, home, day centre. Is there a difference in their swallowing abilities, what do you think impacts on these changes?  Demonstrate understanding of choking and what would be an appropriate management plan.  |   | Developing Achieved    | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 11****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Formulate hypotheses and outline possible intervention options for discussion with the practice educator i.e. why do you think this client is having difficulties and what could you propose to resolve or mitigate them?** | Following observation of an EDS assessment discuss with your Practice educator your hypotheses and potential interventions.  Complete a swallowing assessment and discuss your findings/hypotheses with your Practice educator.  Observe recordings of swallowing assessments and discuss potential hypotheses with peers and lecturers   |   | Developing Achieved     | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved     | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 12****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Apply knowledge of evidence-based rehabilitation and compensatory techniques to develop person-centred intervention plans - put the client at the centre of what you do and jointly develop a plan as to how they can improve or compensate for their difficulties in line with the evidence** | Complete a “person-centred” intervention plan for a service user you have observed during a swallowing assessment.  Create a worksheet/videos of swallowing manoeuvres/rehab exercises/therapy- you should consider accessible formats for service users who have English as a second language or communication impairments.  Complete a person-centred care plan that incorporates an evidence-based rehab and/or compensation technique.  Consider the implementation of care plans, do carers, family, nurses or service users need specific training? How can you support implementation of the plans?   |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 13****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Explain management programmes to service users/ families/carers and relevant team members** | Script out and role play with a placement peer or Practice educator the management programme for a service user. Gain feedback on the language, images and communication used.  Feedback a management plan to the MDT, reflect on how you presented the information to colleagues.  Feedback the outcome of a swallowing assessment to a service user, family member, carer, or nurse.  Discuss management plans and goals in the MDT and link to shared goals within the team.  |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 14****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Use appropriate assessments to observe, record and evaluate EDS patterns, including trials of proposed intervention(s)** | Become familiar with local informal and formal assessment proformas used in the local clinical setting with a range of service user groups.   Highlight a range of scenarios where informal and formal assessment would not be possible, etc. level of alertness, respiratory status, cognition. What are the alternatives in these cases?  Present to peers and lecturing staff any objective swallowing assessments available and the referral criteria for each.  Carry out a lunch time assessment of a range of service users in a variety of settings e.g. school, care home, service users own home, day centre etc. Discuss your summary with your Practice educator.  Create your own swallowing assessment crib sheet and discuss with your Practice educator.  Observe a video fluoroscopy/FEES clinic. Review the swallow physiology in relation to the proposed intervention and the impact this may have on swallowing function.  Review a service user swallowing post therapy/intervention to establish outcomes in relation to swallowing function. Discuss the findings with your Practice educator.  |   | Developing Achieved       | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 15****Speech and language Therapy learner is able to…..**  |  Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Synthesise information on psychological, social, and biomechanical factors with assessment findings to formulate diagnoses - bring together all the information gathered from referral, records, case history, MDT, and assessments to propose a diagnosis** | Complete at least 2 case studies of service users you have observed/assessed during your placement, clearly highlighting the relationship between aetiology and the service users swallowing presentation. Provide evidence of research and literature to support your conclusions.  Provide a summary of findings for a service user you have observed or assessed with your Practice educator, provide a possible diagnosis in relation to their swallowing presentation.  Develop a learning resource for a range of service user groups outlining common aetiologies and dysphagia presentations* Neurological conditions Neurodegenerative progressive conditions
* Mechanical structural (including oncology), Psychogenic/cognitive/behavioural, drug related, respiratory, gastroenterological (including reflux)
* Chronic dysphagia and resulting compensatory swallowing physiology etc. Please indicate if these might be acute/chronic/both presentations

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| **EDS Competency 16****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Synthesise information on psychological, social, and biomechanical factors with assessment findings to develop person-centred intervention plans - bring together all the information gathered to work with the client to form a plan** | Present the information gathered in a format accessible to the client with options for intervention. Work together to develop a person-centred intervention plan that recognises the goals of the individual. Develop an intervention plan for a client that has complex social factors impacting on their plans e.g. a service user explains that meals provided by the supported accommodation scheme does not provide meals appropriate for the recommended modified diet. Discuss options with a Practice educator, role play the discussions with student peer.  Adapt feedback and patient-centred plan for a service-user who has communication difficulties.  Reflect on situations where there has been challenges from service users, to engage in the proposed plans and advice.  |   | Developing Achieved       | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 17****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Identify specific person-centred outcomes to support review scheduling - how can the client’s overall goal be divided into achievable steps and how would this impact on when you review them** | Identify outcome measures used in the local service with a range of service user groups, evaluate how effective these measures are in determining outcomes for clients.  Highlight and record through discussions with Practice educators in a range of clinical settings what policy and guidelines used for outcome measures, swallowing reviews and discharge criteria.  Research formal outcome measures in relation to EDS. Provide a table of formal outcome measures that are specific for a range of service user groups.  Discuss with a Practice educator what the service-users typical pathway within the local service consists of including; prioritisation criteria, diagnosis, prognosis, potential discharge from the service.  Shadow members from the MDT to gain an overview of how the service users’ goals are achieved.  |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **EDS Competency 18****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Identify specific person-centred outcomes to identify appropriate discharge points - agree with the client what their goal is, prepare clients for discharge and reflect on how goals may need to change over time or in response to intervention** | Work with service users to set person-centred outcomes for 2 different clients, one with a non-progressive EDS difficulty and one with a progressive EDS difficulty. Reflect on how the outcomes are different for the two groups Discuss with your Practice educator the rationale for different service users pathways e.g. A service user discharged from hospital, level of SLT input available and required, and how this might change your current input (transfer to rehabilitation unit, community services etc.) Discuss with your Practice educator the discharge criteria for the local service. Using a person-centred approach have a discussion with a service user supporting them to set goals, working within the guidelines of the local service discharge criteria. Reflect on whether there was conflict between the service criteria and the service users' own goals?  Review working with a number of local services with a range of service user groups if there is a difference in EDS interventions, goals and discharge points for each service and service user group.   |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved     | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved  | Educator / lecturer name:  Educator / lecturer signature:  Date: |

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| **Comments/feedback**     |

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| **EDS Competency 19****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Discuss the ethical issues associated with EDS for service users/family/carers** | Discuss with a Practice educator a time when they have experienced an ethical issue related to a service user with EDS.  Complete reflections outlining your understanding and experiences of observing sessions where there has been a focus on ethical issues, what was the outcome?  Attend a best interest meeting around nutrition options, discuss and summarise learning outcomes for your Practice educator.  Outline the Mental Capacity Act 2005 and how this relates to service users with EDS difficulties. How does this apply to service users in the local setting?  Discuss the following situation in your student peer or group; Service user with advanced dementia has severe dysphagia and is at risk of aspiration and penetration on all oral intake and they are not suitable for non-oral hydration/nutrition. How would you approach this with the service users family/carers? What information would you provide? |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
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| **Comments/feedback** |

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| **EDS Competency 20****Speech and language Therapy learner is able to…..**  | Clinical examples to achieve the competency   | Student summary  | Grading (please select) | Practice educator/lecturer signature and date |
| **Identify situations associated with EDS issues that require the initiation of safeguarding discussions** | Discuss with your practise educator the legal responsibility of AHPs to raise concerns, how to access safeguarding services as needed and the process involved. Discuss with your practice educator 2 previous situations which they have had to escalate concerns with local safeguarding services.  Discuss or roleplay the following situation. You are seeing a 3 year old boy called Ben who lives at home with his mum, 2 younger siblings and 3 older siblings. Ben was referred to you by the health visitor with concerns that he was at least 12-18 months behind in his developmental milestones and that he was coughing on diet. Assessment shows that Ben struggles with bite and tear and has difficulty with chewing textures above an IDDSI level 6. You have agreed a care plan with mum where Ben has small amounts of IDDSI level 7 easy to chew diet in controlled environments but IDDSI level 6 for main meals.Ben and his family have been known to the safeguarding team in the past. On your most recent visit Ben’s mum has a new boyfriend who is present. She explains that he has been having regular diet for all meals and snacks even though he continues to cough on this and has had to be treated for a chest infection. The boyfriend often speaks for Ben’s mum and states that “he can swallow fine when he wants to, he just wants attention and he’s not gonna get it, we don’t need you coming here making things worse”. Would you instigate a safeguarding referral? What would your concerns be? How would you maintain a working relationship with the family. Review and discuss a range of EDS situations with peers and lecturer using knowledge of EDS, social legislation and legal processes to problem-solve the situations. Take into account the perspectives of all involved in the situation ensuring that the service user is at the centre of the discussion.  |   | Developing Achieved      | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved          | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved        | Educator / lecturer name:  Educator / lecturer signature:  Date: |
| Developing Achieved    | Educator / lecturer name:  Educator / lecturer signature:  Date: |

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| **Comments/feedback**     |

##  EDS detailed hours log

**Direct face to face contact record log must be 60 hours in total over the learner’s course.**

**What constitutes an hour of eating, drinking and swallowing exposure?**

**The RCSLT (2021) outlines the following examples which may contribute to clinical hours:**

* One-to-one assessment and therapy sessions with a service user
* One-to-one work with a carer
* Writing reports, programmes, and notes as part of a service user’s episode of care
* Training sessions, e.g. parent training and coaching, staff training

RCSLT outlined “Work with the MDT, e.g. meetings, case conferences, ward rounds SLTs support service-users, families and carers using a person-centred, holistic model, thus a clock hour includes time spent discussing communication, and/or cognition issues, as well as EDS” (2021, p.1).

All activities that include eating, drinking, and swallowing issues are relevant, including but not limited to:

* Lunch time participation/observation at a school with children who have physical or learning disabilities
* Speaking to a family member about their child / spouse / parent's eating, drinking, and swallowing needs
* Working with a service user with sensory and/or behaviour issues relating to food or drink
* Discussing with other professionals what the EDS issues are or how to best support the service user
* Evaluating the whole person, with EDS being one aspect

Please provide information on the hours spent with service users around EDS providing a summary of the placement content and hours recorded. You should date your recorded hours as this log is collected over your speech and language therapy learning. You will need a total of 60 hours by the end of your course with a minimum hour's total for adults and paediatric groups outlined below.

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### SLT-supervised adult client-facing contact across period of study

**Total = At least 30 hours**

*Add further rows to table as needed*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Service users group and/or location e.g. Stroke, neuro-progressive, community, hospital.**  | **Summary of client-facing contact**  | **Hours recorded**  | **Educator Signature** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   | **Total**  |  |

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### Direct, SLT-supervised paediatric client-facing contact across period of study

**Total = At least 10 hours**

*Add further rows to table as needed*

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| --- | --- | --- | --- | --- |
| **Date** | **Service user group and/or location e.g. babies in hospital, etc.**  | **Summary of client-facing contact**  | **Hours recorded**  | **Educator signature** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   | **Total**  |  |