



BSc (Hons) & MSc Speech & Language Therapy

Core Skills 3

This document is now housed and needs to be signed off on our Placement Assessment Records and Evaluation (PARE) platform.

Educators/ Mentors:

Educators in NHS Trusts - If you do not have a PARE login please contact your Clinical Placements lead or PLF

Educators in private, independent and voluntary organisations, please contact sltplacements@leedsbeckett.ac.uk if you do not have a PARE login

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 are listed below along with 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 and they 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 on PARE. You are asked to review the core skills with them and indicate their level of core skill development, as appropriate for their stage on the placement and on the course. Guidance on the expected level for mid/end point of each placement is provided below.

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, but we ask that you endeavour to support the opportunity for the student to demonstrate this skill in the remaining placement days. Please contact the student's academic advisor if you need any support with this.
- **Emerging:** this relates to students showing awareness of the skill and still needing considerable support to demonstrate it; explanations may be incomplete or contain errors; students need may support to recognise their knowledge, skills and areas to develop



- **Appropriate for level:** this relates to students demonstrating this skill mostly independently at the level expected for their year of study on the course . They may well still make errors or have gaps and they are recognising these with minimal support.
- 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 PARE, to demonstrate your core skill 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. If there are core skills that are difficult to demonstrate on the placement, please contact your academic advisor who will discuss this with you and your educator.

Parameters for passing the placement:

Block placement 1

Formative mid placement grading:

Pass is awarded if 15 out of 20 Core Skills are Graded as Emerging/Appropriate for Level.

Fail is awarded 6 or more (25%) Core Skills are graded as Not Demonstrated or No Opportunity. If fail is awarded, the learner's Academic Advisor will receive a notification. The learner, Practice Educator and Academic Advisor are required to work together to draw up an action plan on the placement 'Plan of Action' page.

End Placement Grading:

Pass is awarded if at least 5/20 (25%) of Core Skills are Graded as Appropriate for Level and all remaining Core Skills are graded as Emerging.

Fail is awarded if any Core Skills are graded as Not Demonstrated or No Opportunity. The learner's Academic Advisor and Placement Module Leader will receive a notification.



Eating, drinking and swallowing (EDS) Competencies and hours

EDS competencies and hours also need to be signed off on PARE; they are noted below (highlighted in pink) to show the links between EDS competencies and core skills.

Block placement 2

Formative mid placement grading:

Pass is awarded if 10 out of 20 Core Skills (50%) are Graded as Appropriate for Level and the remaining 50% (i.e.10) Core Skills are graded as emerging.

Fail is awarded if 9 or fewer Core Skills are graded as appropriate for level or if any Core Skills are graded as No Opportunity or Not Demonstrated. If fail is awarded, the learner’s Academic Advisor will receive a notification. The learner, Practice Educator and Academic Advisor are required to work together to draw up an action plan on the placement 'Plan of Action' page.

End Placement Grading:

Pass is awarded when 100% of Core Skills are Graded as Appropriate for Level.

Fail is awarded if any Core Skills are graded as Emerging, Not Demonstrated or No Opportunity. The learner's Academic Advisor and Placement Module Leader will receive a notification.

Eating, drinking and swallowing (EDS) Competencies and hours

EDS competencies and hours also need to be signed off on PARE; they are noted below (highlighted in pink) to show the links between EDS competencies and core skills.

Speech and Language Therapy Core Skills 3

Domain 1 : Professional Conduct

Core skills & examples of supporting activities

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
- **EDS Competency 1 (NB x 1 EDS achieved sign off must be on placement):**
- work with an interpreter (equality legislation) to discuss EDS goals with a service user / family -
- Participate in Education Health Care Plan (EHCP) (C& F Act) meetings to review and update service users’ goals with family, legal guardians, 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 (MCA Act) around their EDS in a goal-setting session.
- **EDS Competency 19:**
- 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?
- **EDS Competency 20:**



<ul style="list-style-type: none"> • Discuss with your practice 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.
<p>2. Ability to make autonomous decisions. Ready to commence independent practice. (SOP 4)</p> <ul style="list-style-type: none"> • 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 • EDS Competency 13: • 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. • EDS Competency 14: • 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. • Review a service user swallowing post therapy/intervention to establish outcomes in relation to swallowing function. Discuss the findings with your Practice educator • EDS Competency 16: • 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.

Domain 2 : Communication and working in partnership
Core skills & examples of supporting activities
<p>3. Varies content and style of communication, e.g. for client, carer, professional (SOP 8)</p> <ul style="list-style-type: none"> • 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 • EDS Competency 8 (NB x 1 EDS achieved sign off must be on placement): • 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.
<p>4. Demonstrates skilled interaction for those with communication impairments</p> <ul style="list-style-type: none"> • 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 • EDS Competency 7: • Develop a leaflet identifying the positives and negatives of enteral feeding – provide an easy read format for service users who have a communication difficulty. • EDS Competency 8 (NB x 1 EDS achieved sign off must be on placement):



<ul style="list-style-type: none"> • 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. • EDS Competency 16: Adapt feedback and patient-centred plan for a service-user who has communication difficulties.
<p>5. Writes records and reports in a succinct and appropriate style (SOP 10)</p> <ul style="list-style-type: none"> • 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
<p>6. Recognises and works within boundaries of role (SOP 9)</p> <ul style="list-style-type: none"> • 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 • EDS Competency 17: • Shadow members from the MDT to gain an overview of how the service users’ goals are achieved. • 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.
<p>7. Initiates and sustains appropriate professional relationships and can work as part of a team (SOP 9)</p> <ul style="list-style-type: none"> • 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 • EDS Competency 7: • Discuss enteral feeding with a dietitian, consultant, GP etc. • Shadow an enteral feeding dietitian or nurse. Discuss the pros and cons of enteral feeding. • EDS Competency 13: • Feedback a management plan to the MDT, reflect on how you presented the information to colleagues. • Discuss management plans and goals in the MDT and link to shared goals within the team.

Domain 3 : Clinical Skills

Core skills & examples of supporting activities

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
- **EDS Competency 14:**
- 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.

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
- **EDS Competency 3:**
- Identify pertinent information from a referral that may suggest that the service user has EDS difficulties.
- Gain further information on an 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 with 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.
- **EDS Competency 4:**
- 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
- **EDS Competency 5:**
- Provide information on findings for service users who have speech difficulties when completing oro-motor assessments.
- Create an oro-motor assessment crib sheet that indicates the innervation of cranial nerves and how you would assess these.
- Discuss the oro-motor assessment with your Practice educator describing the cranial nerve innervation and how food/drink passes from the mouth to the oesophagus.
- **EDS Competency 9 (NB x 1 EDS achieved sign off must be on placement):**
- 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.
- **EDS Competency 10 (NB x 1 EDS achieved sign off must be on placement):**
- 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?
- **EDS Competency 14:**
- 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.



- Review a service user swallowing post therapy/intervention to establish outcomes in relation to swallowing function. Discuss the findings with your Practice educator

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 make appropriate suggestions for change

To pass this core skill, this needs to be evidenced on a session plan with educator feedback

- **EDS Competency 11:**
- 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

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

- **EDS Competency 7:**
- 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?

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
- **EDS Competency 13:**
- Feedback the outcome of a swallowing assessment to a service user, family member, carer, or nurse.

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 prioritisation criteria and knowledge of wider frameworks such as NICE guidelines.
- **EDS Competency 18:**
- 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.)



<ul style="list-style-type: none">• 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?
<p>14. Plans and delivers intervention that is holistic and tailored to individual need (SOP 5)</p> <ul style="list-style-type: none">• Integrates ICF into care plans• Recognises that personal and environmental factors can influence client engagement with therapy• Identifies and respects client's own preferences when selecting goals• Engages in shared decision making <p>NB. To pass this core skill, this must be evidenced on a session plan with educator feedback</p> <ul style="list-style-type: none">• EDS Competency 12:• Complete a "person-centred" intervention plan for a service user you have observed during a swallowing assessment.• Complete a person-centered care plan that incorporates an evidence-based rehab and/or compensation technique.
<p>15. Realistic in long term planning, determining prognosis and understanding how the role of the SLT might change (SOP 14)</p> <ul style="list-style-type: none">• 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.
<p>16. Effective use of outcomes to evaluate therapy (SOP 12)</p> <ul style="list-style-type: none">• 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• EDS Competency 17:• 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.
<p>17. Reflects and adapts practice independently (SOP 11)</p> <ul style="list-style-type: none">• 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 <p>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.</p>
<p>18. Identifies and guides others in health and safety practice (SOP 15)</p> <ul style="list-style-type: none">• 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.
- **EDS Competency 2 (NB x 1 EDS achieved sign off must be on placement):**
- 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.

Domain 4: Application of theory to practice

Core skills & examples of supporting activities

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 hypothesise breakdown and plan intervention

NB. To pass this core skill, this must be evidenced on a session plan with educator feedback

- **EDS Competency 6:**
- 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.
- **EDS Competency 7:**
- 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?
- Research which service user group prophylactic PEG maybe beneficial or a recommendation.
- **EDS Competency 15:**
- 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.
- **EDS Competency 16:**
- 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.

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
- **EDS competency 6:**
- Review up-to-date evidence around texture modification for food and drink.
- 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
- **EDS Competency 16:**
- 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.