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Speech & Language Sciences Clinical Handbook

2020-21

BSc (Hons) Speech & Language Therapy

MSc Speech & Language Therapy

SLT Clinical Education Leads:

Jo Sandiford

J.C.Sandiford@leedsbeckett.ac.uk

0113 8128620

Naomi De-Graff

N.De-Graff@leedsbeckett.ac.uk

0113 8123257

Placement Practice Learning Team:

sltplacements@leedsbeckett.ac.uk

0113 8124525

<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.

Practice placements during COVID-19; thank you.

Practice-based learning opportunities during 2020-21 will be different to previous years and will reflect the changes to the profession during the COVID-19 pandemic. Thank you for your creative thinking to still offer and support our students this year. We recognise the challenges that services face and have developed many different ways of supporting student practice-based learning to enable our students to acquire their clinical skills, meet their HCPC Standards of Proficiency and therefore enter the profession as NQPs, or progress to the next level of study.

Naomi and Jo have been involved in writing the RCSLT national guidance for practice-based learning 2020-21 and we hope this guidance helps you to think how different kinds of placements – onsite or remote, can still provide excellent learning opportunities, via direct client-centred care or via a range of practice-based learning activities.

Please refer to RCSLT Guidance on practice-based learning and telehealth placements for the academic year 2020-21 for more detail:

- [Practice-based learning 2020-21](#)
- [Telehealth placements](#)

This handbook

The handbook is divided into the following sections:

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PART A

Placement Management Philosophy &

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 new 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 2018](#)). The overarching management of placement provision and placement education ensures that the programme meets the HCPC Standards of Education and Training ([HCPC SETS](#)).

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, for example, 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 comprises 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** who makes contact with the practice educator at around the mid-point of each placement to ensure that things are running smoothly and to address any queries or concerns. If indicated, the academic advisor may meet with the student in the University or may visit the placement setting to facilitate a 3-way discussion and identify an action plan. However, all practice educators are actively encouraged to contact the University at the first opportunity with concerns or queries related to specific students or with 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.

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 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

<https://www.leedsbeckett.ac.uk/studenthub/placement-information/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 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
- 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 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.

We always aim to advise students and placement settings of student allocations a minimum of 4 weeks prior to the start date of placement, where possible. Where operational reasons such as withdrawal of placement or student health means that a placement does not take place, we communicate this to the relevant parties as soon as we can and, if required, seek alternative arrangements.

Placement Support

Support for practice educators

The RCSLT Curriculum Guidelines 2018 state that 'all SLTs are encouraged to provide placements on an annual basis, two years after they have qualified or after one year providing appropriate ongoing support is available from their own service and/ or the HEI' (RCSLT, 2018, p23).

Training for practice educators

The HCPC SETs 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’. Leeds Beckett runs a distance learning programme for educator training which includes introductory units for educators new to clinical teaching and units for educators wishing to refresh their training. RCSLT recommend that all educators should have refresher training every 3 years. The units cover an introduction to key skills in practice education such as giving feedback and working with different learning styles and uses video and reflection to support educators in understanding how best to support students on placement. Also included is key information about the learning outcomes of the BSc and MSc courses and how to use the ‘Core Skills’ documents to record student progress across the range of competencies over the course of the placement, review progress, set objectives and create action plans with students.

We can also offer face to face training for new educators and refresher courses for existing educators, in an online format for 2020-21. Link lecturers also offer bespoke updates to clinical teams as required.

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

Students are supported to be successful on placement through a combination of teaching, learning and assessment, alongside individualised support as needed.

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 Leeds Beckett 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 Curriculum Guidelines (2018) 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, 2018). 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 intensive block (three to 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 2014 ([SOPs](#)) 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 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 placements are must pass, so all students must 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 and 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)

Leeds Beckett 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. This will be carried out as a virtual learning programme in 2020-21.

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 (Tutor) 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 Declaration of Student Needs (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 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 take action 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 student agrees to share, and work with student and practice educator to identify and agree points for action, a timescale and support required.

Learning Resources

Students have access to the Leeds Beckett 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, for the year 2020-21.

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. Access to this has been planned in line with risk assessment and University guidelines for 2020-21. We are delighted to share that we have also now secured some space for an onsite SLT clinic at the University. We are excited to plan how to use this once COVID-19 restrictions are removed.

Fitness to Practice and Mandatory Training

An online platform, CareShield, has been adopted for all Health and Social Care students to deliver required mandatory training modules (data protection; information governance; equality and diversity; health and safety law). Additional options such as lone working are available as needed. Students also undertake practical skills training in Basic Life Support, Infection Control and Moving and Handling and attend training in Fire Safety. 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](#). Follow the link and click on 'Student Conduct' 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 are now using 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.

Learning Development Agreement (LDA)

Historically, each Local Education and Training Board (LETB) has developed its own Practice Learning and Development Agreement (LDA) which includes a contract between the LETB and the individual Trust to provide practice education for healthcare courses. Each LETB 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 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. The LDA is currently being updated and may include the PIVO settings below, going forwards.

Arrangements for Private, Independent and Non-NHS 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 placement evaluation, students on long-arm placements are requested to complete additional evaluations of their placement experiences so that the University can monitor the 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 HEE 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 across the Yorkshire and Humber region are involved in student placements and additional capacity is delivered through PIVO and role-emerging 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 to 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.

Role Emerging Placements

All Speech and Language Therapy students experience practice placements in 'traditional' practice settings, where there is an established role for speech and language therapists and so they work alongside a qualified therapist. Role emerging / long arm placements occur in sites that do not have an established speech and language therapy role. These settings offer the student an opportunity to consider the needs of the setting and the potential speech and language therapy role, and to develop projects that may be relevant for the setting and client group.

Research suggests that students are more independent and autonomous following experience in a role emerging placement, resulting in increased professional growth. Students have the opportunity to experience different and expanded roles within the profession. Speech and language students also report feeling valued by the experience of role-emerging placements as they offered opportunities to promote the profession and develop their professional identity.

Role emerging / long arm placement at Leeds Beckett University are set up following the same procedure and criteria as our NHS placements and are quality audited in the same way. In terms of staffing, there is an onsite and an offsite practice practice educator. The 'mentor' is the member of staff who is the on-site practice educator in the setting and the 'supervisor' is a speech and language therapist who provides long arm supervision. All practice educators receive appropriate training, placement handbooks and any additional relevant supporting documentation. Guidelines for role-emerging placements, including preparation, evaluation and roles and responsibilities can be found in Appendix 6.

PART B

INFORMATION FOR PRACTICE EDUCATORS

Changes for 2020/2021

It has been quite a year so far and like you all, we continue to embrace the challenges going forwards. Thank you for your support for our students to date and we look forward to continuing to collaborate and problem solve with you throughout 2020-21.

Student numbers

We are delighted to be welcoming 5 cohorts of students to Leeds Beckett this year – BSC years 1, 2 & 3 and MSc years 1 & 2. There are approximately 45 new BSc and 25 new MSc students joining us.

Teaching online

We are planning to teach the whole of the academic curriculum online for 2020-21. We are mostly using MS Teams, and Collaborate (a function of the University Blackboard platform), so students will be very familiar with online working.

Students are coming onto campus (if they wish to) in small groups about once every 3 weeks for enrichment activities, these are in addition to the core curriculum. Access to the library and our usual resources room is permitted through bookable times. We are endeavouring to ensure that resources are digitised where possible.

The academic year has been divided into 3 terms, rather than semesters for teaching; 5 Oct to 11 Dec 2020, 4 Jan to 12 Mar 2021, 15 Mar to 11 June 2021 (spans Easter). This is a central change and is being implemented across the university. Summer placements for BSc yr 1 and MSc yr 1 and 2 sit outside of the teaching term. Each teaching term is 10 weeks with 8 weeks of teaching and 2 weeks for assessment. We have tried to fit term time placements into the first 8 weeks, which is why some of the dates have changed. Placements may need to spill over into the assessment period and we can adapt to this where necessary.

Placements

Understandably all placements were cancelled at the start of lockdown in March and the tutor team have worked hard to support the final year cohort to gain their competencies to be awarded their degrees.

We are continuing to seek recovery placements for the students who missed their placements at the regular time, as well as the usual requirements for the new academic year.

We welcome 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 in an ongoing challenging period.

During 2020-21, as the profession has moved to using telehealth much more widely, practice placements in this medium are welcomed. This may include direct client-centred care or practice-based learning activities.

Naomi and Jo have been involved with RCSLT development of the guidance below:

- [Practice-based learning 2020-21](#)
- [Telehealth placements](#)

Please do read these carefully and use the guidance to support local arrangements.

We are delighted to have received 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 COVID-19 guidance from the NHS and other relevant public health bodies, and integrating the [Council of Dean's guidance](#).

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.

Risk assessments

Students who are planning to attend onsite placements are asked to identify any vulnerabilities relating to COVID-19 eg age, ethnicity, gender, underlying health conditions and pregnancy, prior to attendance at the placement. These students will be asked to complete a Student Self-Assessment of Health Risk for Placement', by which they will assess themselves as to whether they are fit to attend onsite practice placements in the year 2020-21. If they assess themselves as high risk, clinically vulnerable or extremely clinically vulnerable, then we will discuss placement options with them. A remote placement should still be a viable alternative.

PPE

Personal protective equipment should be provided by the placement provider including fit testing of masks. Basic uniforms (trousers and tunic tops) will be provided by the University as per our Uniform policy. Students are provided with masks for wearing on campus.

Telehealth placements

Telehealth placements should follow RCSLT [Telehealth placements](#) 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

Students joining and returning to the course have been asked to provide information re their technological equipment to support their learning in an online environment ie laptops and headphones. Where these are 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. 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.

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](#).

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.

Confidentiality and professional responsibility during telehealth placements

Students are aware that they 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:

- 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 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
- Use a background that is professionally appropriate, free from distraction and inoffensive. Some platforms support virtual background use.
- Ensure they have adequate lighting so that the client can see them clearly.

Telehealth platforms

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

Students can access and set up googlemeets 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.

Telehealth sessions

Please give the student guidance on 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 the student ie if they are observing do you want them to be muted?

Students are not permitted to record telehealth sessions unless this has been pre-arranged and explicitly consented to by all parties, ie for the purpose of assessment.

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](#) (HCPC, 2014) and form evidence of the student's development. This is a [template for practice-based learning activities](#) 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.

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.

Revised Core Skills documents

We have revised the Core Skills (Appendix 9) documents this year to reduce their length and to reflect a more progressive approach across the various cohorts of the course.

Educators are asked to discuss the core skills in detail with the students at the mid placement and end of placement progress discussions, and to use this as a working document which displays 'emerging' and 'appropriate for level' competencies, as students acquire them. The form should also be used to agree priorities for the student's future development. There is clear differentiation between the level 1, 2 and 3 core skills, against which students should be measured.

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.

Our communication with you

We will continue to provide a mid-placement contact with practice educators by phone or email. However, if you have any concerns about a student with you on placement, then please do not wait for us to call, get in touch with us straight away so we can put any necessary support in place.

Students with additional needs

We are working closely with University 'student disability' services and 'well-being' services to help support our students with additional needs. We have seen an increase in students with specific learning needs as well as other conditions such as mental health difficulties. Where possible, we will alert practice educators to a student's difficulties before they come on placement with you and we will share advice about the 'reasonable adjustments' a student may need to help them on placement via the 'student learning needs declaration' form (Appendix 2)

copy at the end of this document). There are times when we do not know about a student's difficulties and they may arise during the placement. If you are concerned about a student, please alert us immediately and we will aim to put in place the necessary support.

Contacts

SLT Clinical Education Leads

Naomi de Graff	n.de-graff@leedsbeckett.ac.uk	0113 8123257
Jo Sandiford	j.c.sandiford@leedsbeckett.ac.uk	0113 8128620

Link Lecturers

Link Lecturers are available for general enquiries and discussions, including advice, arrangements for audit or requests for training.

Lindsey Thiel	Bradford & Airedale	0113 812 6574 l.thiel@leedsbeckett.ac.uk
Amanda Hynan Naomi de Graff	Humber Area, North & South Bank	0113 812 3272 a.hynan@leedsbeckett.ac.uk 0113 8123257 N.de-Graff@leedsbeckett.ac.uk
Ben Bolton-Grant	York Scarborough	0113 812 6241 b.bolton-grant@leedsbeckett.ac.uk
Lorette Porter	Northallerton Harrogate	0113 812 3269 j.l.porter@leedsbeckett.ac.uk
Anne Hurren Cecilia Devers	Leeds – adult teams	0113 812 6725 a.hurren@leedsbeckett.ac.uk 0113 812 6573 c.devers@leedsbeckett.ac.uk
Sarah White	Leeds – paediatric teams	0113 812 6240 sarah.white@leedsbeckett.ac.uk
Sarah James	South West Yorkshire South Yorkshire	0113 812 8620 s.james@leedsbeckett.ac.uk

Academic Advisors

Each student has a named Academic Advisor (formerly Personal Tutor). 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 & enquiries

Vicky Webster, Practice Learning Team Administrative Officer.
Room PD405, Leeds Beckett University, City Campus, Calverley Street, Leeds, LS1 3HE sltplacements@leedsbeckett.ac.uk
tel 0113 8124525

Roles and responsibilities

Role of the educator

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

It is advised 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 (H&CP) Practice Education Guidance 2016.

Available at [HCPC Practice Education Guidance](#)

Diversity and Inclusion

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

Educators need to have an understanding of unconscious bias and how this may affect their practice.

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

The RCSLT provide a wealth of resources for practice educators which is available to members on their website: <https://www.rcslt.org/members>

The standards for RCSLT practice-based learning (2006) are currently being revised, publication expected spring 2021.

The National Association of Educators in Practice (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 9). 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
- Single Session Evaluation
- Core Skills document with the students - mid placement and at the end of the placement (Appendix 9)

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".

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](#)). 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](#)

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+ 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.

'Long-arm' or role -emerging placements

Research has found role emerging placements can provide "unique learning opportunities" (Dancza et al 2013). In long-arm placements students spend part or all of their time in a location where there is no SLT directly on-site. Previous long-arm placements have included:

- Placements in care homes for adults with learning disability
- Placement in a secondary school working with pupils on the SLT caseload and tier 2 pupils with milder SLCN who did not meet eligibility criteria for SLT services
- Placement in a nursing home developing life story work with residents with dementia
- Placement in a day centre for people with complex needs

Students have a named mentor in the setting and receive SLT supervision at regular intervals.

Please contact your link lecturer in the first instance if you would like to set up a placement of this nature.

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 2020-21, 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 by the RCSLT (2003) 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, 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 needs which the student has chosen to disclose

Please inform the placement unit if:

- The placement information is incorrect or has changed since the offer was made.
- You will be unable to be contacted in the two weeks before the placement start date.

Release of information to students

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

Please wait for the student to contact you, rather than emailing them.

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. 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 that they need to know on 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 share their DBS number only, not their full certificate.
- Other information for the first day e.g. timings and whether to bring lunch.
- If a student has known health or learning needs and they have consented to release the information then they will share their 'student learning needs declaration' form with you.

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. 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, 13, 14; 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 8, 9; 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, 6; 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 12, 13, 14; 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 11, 12; 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 4) and the professional obligations and requirements of the HCPC (SOP 1, 2, 3, 7, 10; 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.

Dysphagia Log

In 2014, Royal College of Speech and Language Therapists (RCSLT) published the 'Dysphagia Training and Competency Framework', with recommendations for knowledge, skills and competency development across the profession. It states: "RCSLT's vision is that all 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).

In response, we created a dysphagia log, with content mapped from the RCSLT competency framework. It aims to support practice educators and tutors in the clinical education of students working with dysphagic clients. It is designed to be used with students from undergraduate to post graduate level, working at RCSLT's 'Level A assistant dysphagia practitioner' to 'Level C specialist dysphagia practitioner'. Students should be supported to work through their dysphagia competencies, from observing sessions to carrying out independent work. Practice educators and tutors are asked to verify or 'sign off' the students' competency level as they develop, provide comments and feedback.

The dysphagia log has been designed in sections which reflect areas of competency. Within each section example tasks are identified, which the students are encouraged to complete to help them achieve skills in 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.

It is acknowledged that not all students will have the same level of experience. This framework provides a structure to record and evidence the experiences that students have at University, on placement or in other settings. It is not expected that all students will complete all the competencies to an independent level.

Know what to expect – student tasks

Practice educators need access to appropriate sections of a student's placement workbook in order to complete assessments – attendance register, single session evaluation and the core skills form.

For each placement, students have assessed placement workbook tasks which are a 'must pass' element of the clinical module.

Students are asked to discuss the tasks with their practice educator early in the placement to ensure that they gain the necessary experiences. The workbook tasks are designed to support student learning but may not be completely suitable for every setting. It is acceptable for students to undertake adapted tasks or formats which they should agree in discussion with you as their educator, and with their academic advisor.

During the Placement

Induction and planning

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

You should include the following:

Suggested checklist item	Yes/No
Manage students' expectations about what will and will not be available on the placement by discussing the caseload, setting and opportunities. Discuss the core skills and what may or may not be experienced during the placement.	
Discuss with the student what learning needs they have: Preferred learning style. Learning needs declaration. Reasonable adjustments if needed. Caring responsibilities, if any.	
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 advise students that texts informing of illness / inability to attend are not acceptable – they need to speak to you, texts for other information may be appropriate) and within what time frame (e.g. within working hours only or not between 8.00pm and 7.00 am)	
Establish what local policies students will need to know e.g. remote working policies or onsite policies relating to COVID-19. 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.	
Ask students for contact details of their 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)	
Clarify the amount of support you are able to provide.	
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 student to make these SMART: Specific, Measurable, Achievable, Realistic, Timely	
Plan a timetable for placement including regular feedback, mid placement core skills review and end placement core skills discussion. As well as the single session evaluation.	
Ask the students to go over the events and assignments that they have to complete as part of the placement learning. In particular establish what support/information they will need to do this.	
Students may wish to discuss the need for and suitability of data collection for the assignments associated with clinical practice.	

Organising and structuring the placement

The weekly events timetable (suitable for ongoing placements) is provided for educators (Appendix 7)
Students can download it if required.

It can be used:

As a framework for planning the placement with students

For recording tasks set for students

To plan for data gathering, reviewing aims and giving feedback to students

Session planning.

Try to support students in writing care plans &/or session plans as early as possible – part session plans are a good start in the BSc and MSc Year 1 block placements – MSc students will need to progress to writing full session plans in the same placement.

Halfway through the placement:

Encourage students to evaluate their progress by reviewing their own performance against the core skills as a guide, discuss and compare to practice educator's evaluation of progress

Highlight students' strengths and areas for development (about 3 of each per section) on the core skills form

Evaluate and renegotiate placement aims

Complete/arrange the single session evaluation

Assessment visit by tutor BSc Y3 Semester 1 and MSc Y2 Semester 1 only:

Negotiate time for visit with assessor who will contact educators to arrange this. The visit will be based on the single session evaluation and students will have had practice with this format on previous placements and / or the opportunity to discuss this with HEI tutors.

At the end of placement

Discuss the student's self-evaluation and evaluate their placement aims. Complete the core Skills for placement to indicate the student's level of progression against the competencies in the core skills document - to be signed by practice educator and student.

Care Plans and Session plans

One of the important learning needs for students is that of careful and systematic planning of intervention and of their 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!

To help the student to plan, it would be useful if you could think through the process with him/her in relation to clients that you know.

We have provided differentiated formats for care plans for students at different levels. The students can share the relevant format with you. See Appendix 3 for guidance re care plans and session plans.

The care plan is intended to help students identify service user needs, translate these into appropriate targets, and select suitable interventions in order to achieve the targets. The session plan is a ‘blueprint’ for an individual session which enables students to identify the strategies they will use and adaptations they may need to make in response to the service user.

They start with recording basic information about the client and interventions at yr 1, then move through to including contingencies in yr 2 / MSc yr 1, then develop to include outcome measures and more detailed information eg about rationale for frequency of intervention

Some settings may primarily be assessment oriented, however, the session plan is intended to be flexible enough to enable planning for assessment, therapy, review or indirect sessions. If you would rather use another planning template as 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 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.

Students are expected to write a weekly placement reflection which they submit to their blog on their e-portfolio. These reflections are monitored by their University academic advisor.

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 9). NB There are separate documents for Core Skills 1, 2 and 3.

Mid-placement feedback and pass / fail grading

Educators should:

- Encourage students to evaluate their progress
- 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 form with the student)

Please refer to the Core Skills document as to the level the student is expected to be at for the middle of the placement.

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:

- 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 satisfying for student and educator alike.

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 clinical educator is 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 useful.

Share information about how you manage things, such as time management, prioritisation.

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. A form is provided in Appendix 5 to record objectives and plan more specifically.

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

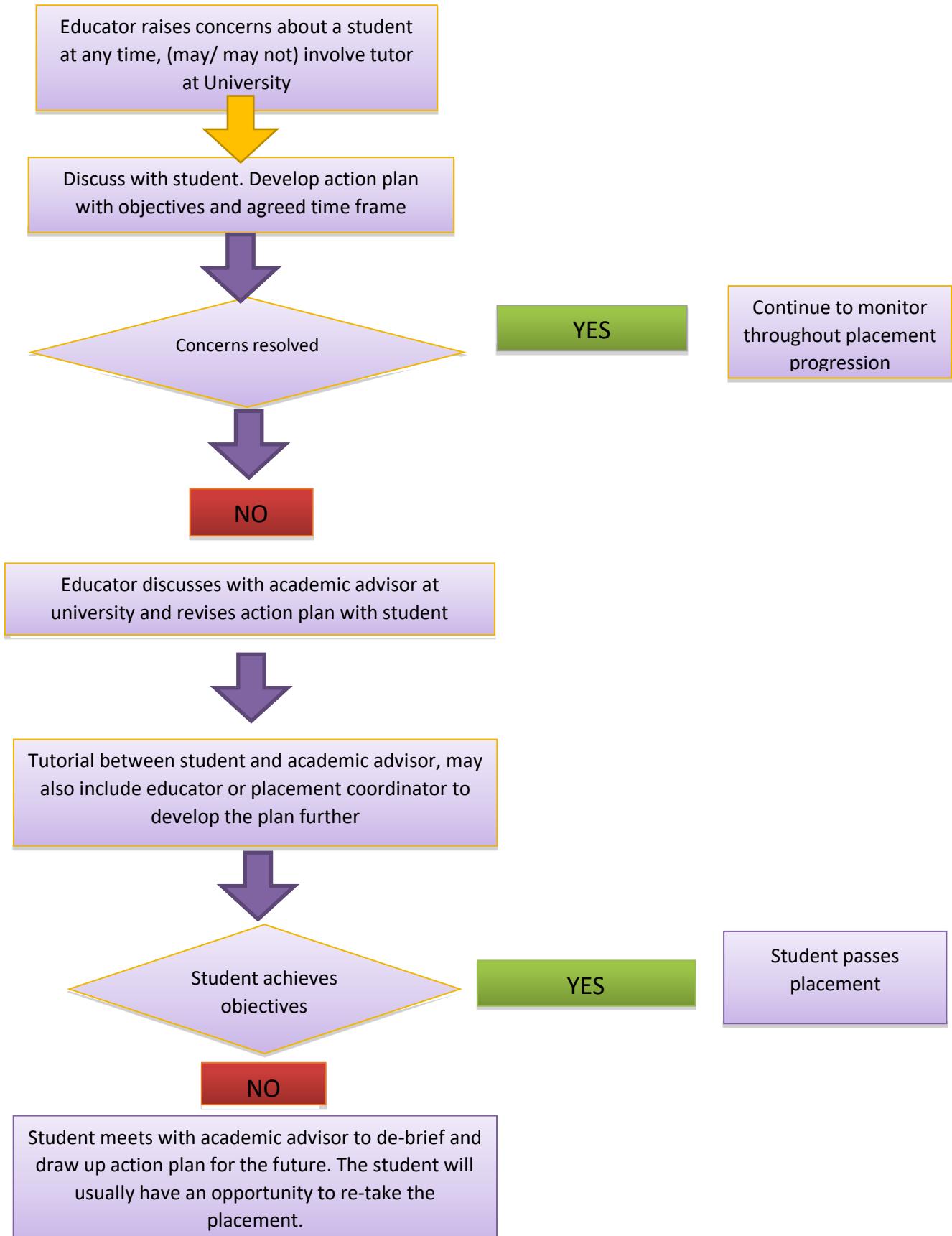
- Identifying the student's strengths
- The core skills help us to do this in a very specific way
- Mutual support between the educator and the HEIs
- Discussing options for the student including key areas for action

(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



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

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 sitplacements@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).

Initial training

Leeds Beckett University hosts a distance learning module for SLTs wishing to train as clinical educators. HEI tutors will also run MSTEams educator training when requested, or link lecturers can provide bespoke training for SLT teams. Please contact sitplacements@leedsbeckett.ac.uk or go to [the HCS Practice Learning Team website](#) for information about either of these options.

CPD for existing practice educators

Practice educators have an obligation to maintain and develop their skills in facilitating student learning and development. It is recommended that all educators should have refresher training every 3 years. The distance learning module is also available to experienced educators as a refresher course. 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, carry out student assessment at the University. Please contact sitplacements@leedsbeckett.ac.uk or go to [the HCS Practice Learning Team website](#) for information.

Quality Monitoring

RCSLT self-audit

The RCSLT has produced a detailed self-audit with versions aimed at individual educators, placement provider teams and Higher Education Institutions. These can be found at:

https://www.rcslt.org/members/pre_registration_education/information_for_practice_educators

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

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PART C

INFORMATION FOR STUDENTS

Introduction

Many students say that their placements are the best part of the course. We hope that you will enjoy your placement experiences. 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. We hope that you will develop your ability to work flexibly and will gain valuable experiences in all settings.

Practice Educators enjoy having students. A recent educator commented:

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

Educators are busy 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, help, and be part of the team.

Placement can be daunting as there is a lot to learn, but we hope that your practice educators and tutors can make the experience positive and enjoyable for you. We are here to support you - please contact us when necessary.

Please note that you **must pass** all placements.

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, may 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. 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.

Changes for 2020-2021

Placements

Understandably all placements were cancelled at the start of lockdown in March and the tutor team have worked hard to support the final year cohort to gain their competencies to be awarded their degrees.

We are continuing to seek recovery placements for those students who missed their placements at the regular time, as well as the usual requirements for the new academic year.

We welcome the RCSLT placement and telehealth guidance:

[Practice-based learning 2020-21](#)

[Telehealth placements](#)

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.

During 2020-21, as the profession has moved to using telehealth much more widely, practice placements may be offered in this medium. This may include direct client-centred care or practice-based learning activities.

We are delighted to have received some placement offers, both onsite and remote 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 COVID-19 guidance from the NHS and other relevant public health bodies, and integrating the [Council of Dean's guidance](#).

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.

Students who are concerned about attending onsite placements should discuss this with the University placement co-ordinators (Naomi and Jo) and we will look to find you an alternative opportunity.

Risk assessments

Students who are planning to attend onsite placements are asked to identify any vulnerabilities relating to COVID-19 eg age, ethnicity, gender, underlying health conditions and pregnancy, prior to attendance at the placement. These students will be asked to complete a 'Student Self-Assessment of Health Risk for Placement', by which they will assess themselves as to whether they are fit to attend onsite practice placements in the year 2020-21. If they assess themselves as high risk, clinically vulnerable or extremely clinically vulnerable, then we will discuss placement options with them. A remote placement, if available, should still be a viable alternative.

PPE

Personal protective equipment should be provided by the placement provider including fit testing of masks. Basic uniforms (trousers and tunic tops) will be provided by the University as per our Uniform policy. Students are expected to wear masks when moving around University.

Telehealth placements

Telehealth placements should follow RCSLT [Telehealth placements](#) 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

Before joining / returning to University, you were asked to provide information re your technological equipment to support your learning in an online environment i.e. laptops and headphones. Where these are 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. 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.

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](#).

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, please discuss this with Naomi or Jo; University premises may be an option.

You need to confirm in your e-portfolio, 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 them 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 Googlemeets 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](#) (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.

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

Revised Core Skills documents

We have revised the Core Skills (Appendix 9) documents this year to reduce their length and to reflect a more progressive approach across the various cohorts of the course.

You will need to discuss the core skills in detail with your educator at the mid placement and end of placement progress discussions. The form should also be used to agree priorities for your future development. There is clear differentiation between the level 1, 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.

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 term 1 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 such as information governance, health and safety and infection control. The training is designed to help prepare you for clinical practice and to meet HCPC SOPs. Training will take place using the online package Careshield. You will be advised on a timetable for mandatory training at the start of the year. Please contact the Practice Learning Team for advice re Careshield eg password resets etc. The modules that you are required to complete are set up for you on Careshield. 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 learning needs declaration

If you have a disability contract, specific learning need or mitigating circumstances, then you are encouraged to complete a ‘student learning needs declaration’ form. Please arrange to see your academic advisor to complete this with their support. We encourage students to use this form as a basis for discussion with your educator 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:

- 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 should have an online profile which can be found 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 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 Dependents 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. Please see uniform policy.

You will need your placement workbook 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)

Placement Core Skills

You will be graded (Pass/ Fail) on the Core Skills that are based on the HCPC Standards of Proficiency (SOPs). Take time to read through the Core Skills in Appendix 9, and your HCPC SOPs booklet before you start placement. The Core Skills is a progressive document to record your development of the clinical skills as you gain them on placement.

At the start of the placement

Give a copy of the 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 is no good wanting to do 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

Share the relevant session plan and care plan forms with your educator. See Appendix 3 for guidance re writing care plans and session plans.

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.

Your educator will give you a mid-placement feedback and grade (Pass/ Fail).

End of the placement

Discuss your development over the placement.

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

Consider aims for your next placement.

Dysphagia log

In 2014, 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 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).

We have created a dysphagia log, with content mapped from the RCSLT competency framework. Students are encouraged to seek opportunities to develop their dysphagia competencies and the dysphagia log is intended to provide ideas about the types of tasks you can do to help develop these skills. Students need to liaise with their practice educators and, where possible, arrange dysphagia experience. This will not be possible in all placements. Practice educator will 'sign off' any competency levels that you achieve.

It is acknowledged that not all students will have the same level of experience in dysphagia and it is not expected that all students will complete all the competencies. Students are encouraged to evidence their skills, experiences and competence via the e-Portfolio version of the dysphagia log.

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 , 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 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. 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.

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 procedure for 2 and 3 as above.

Responsibility for clinic management

The practice educator is responsible for the management of all clients and the clinic 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 setting / clinic 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.

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](#) and the [HCPC Guidance on conduct and ethics for students](#) as well as the HCPC guidance on social media [HCPC Guidance on the 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.

Dress and presentation

You will be allocated with 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. Students must avoid items of clothing that are considered revealing. 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.

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

Diversity and Inclusion

All students and educators need to be culturally aware and culturally competent, including on issues relating to a range of minority groups: for example, Black, Asian and Minority Ethnic (BAME), LGBTQ+ and persons 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 fit to practice record

You will need to update your Fit to Practice workbook in PebblePad with the following records. Further details are contained in your placement workbook. You need to upload your:

- Attendance Record
- Core Skills Document (including mid-placement and end-of-placement feedback and grading)
- Placement Questionnaire (not Y1 observation placement)
- Single Session Evaluation (not Y1 observation placement)

Placement questionnaire

At the end of your placement, you will complete a questionnaire about your placement via the placement website 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, please contact Vicky in 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 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.

2. 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 etc.

3. 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](#) in part B of the handbook, which explains how your educator can support you in this.

4. What happens if I fail a placement?

If you fail a placement the first time, you will have the 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.

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.

5. 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.

6. 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](#). Follow the link and click on 'Student Conduct'. Missed days should be made up, if they can be accommodated by the educator.

7. 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
Year 1	Speech & Language Pathology		Lifespan Development	Phonetics & Phonology	Linguistics	Academic & Clinical Skills	Research for Clinical Practice	Medical Science for SLT	
Integrated Clinical Studies 1									
Year 2	Speech Disorders	Language Disorders	Applied Psychology	Applied Phonetics	Cognition & Language	Integrated Clinical Studies 2	Applied EBP	Applied Medical Science	
Year 3	Communication Disorders		Current Issues in SLT	Transition to Practice	Integrated Clinical Studies 3		Evidence for Practice	Eating Drinking & Swallowing	

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 Clinical 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 Term 3	Y2 Term 1	Y2 Term 2	Y3 Term 1
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 1
Year 2	Disorders of Language	Disorders of Communication	Clinical Professional Studies 2	Evidencing Practice	SLT Clinical Placement 2

Speech & Language Pathology Curriculum – MSc Speech and Language Therapy

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

	Y1 Term 1	Y1 Term 2	Y2 Term 1
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 dysphagia log prior to the Year 1 block 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 dysphagia log.

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).

Post-registration

Students can apply to enrol for a Masters level module in dysphagia.

It involves a 12 week work based placement and University teaching.

Enables participants to be independent managing non-complex dysphagia.

BSC & MSC PLACEMENT CALENDAR

W/C	Level 4 (BSc)	Level 5 (BSc)	Level 6 (BSc)	Level 7 Year 1 (MSc)	Level 7 Year 2 (MSc)	W/C	Week
21-Sep-20						21-Sep-20	6
28-Sep-20						28-Sep-20	7
05-Oct-20						05-Oct-20	8
12-Oct-20						12-Oct-20	9
19-Oct-20						19-Oct-20	10
26-Oct-20						26-Oct-20	11
02-Nov-20	Level 4 Ongoing Observation Placement 1x day per week on Tuesday or Thursday for 5 weeks. Placement a mixture of days in Mainstream/Specialist/Charity and MDT settings.	Level 5 Ongoing Placement (replaces cancelled L4 summer block) 1x day per week on Tuesday or Thursday for 6 weeks out of 8 available. Adult or Paed setting.	Level 6 Ongoing Placement 1x day per week on Tuesday or Wednesday for 8 weeks. Adult or Paed setting.	Level 4 Ongoing Observation Placement 1x day per week on Tuesday or Thursday for 5 weeks. Placement a mixture of days in Mainstream/Specialist/Charity and MDT settings.	Level 7 Year 2 Ongoing Placement 1x day per week on Tuesday or Wednesday for 8 weeks. Adult or Paed setting.	02-Nov-20	12
09-Nov-20						09-Nov-20	13
16-Nov-20						16-Nov-20	14
23-Nov-20						23-Nov-20	15
30-Nov-20						30-Nov-20	16
07-Dec-20						07-Dec-20	17
14-Dec-20						14-Dec-20	18
21-Dec-20						21-Dec-20	19
28-Dec-20						28-Dec-20	20
04-Jan-21						04-Jan-21	21
11-Jan-21						11-Jan-21	22
18-Jan-21						18-Jan-21	23
25-Jan-21	Conversation Partners (CP) 4x 1hr session Child Development (CD) 4x half day Tuesday or Thursday, 8 sessions		Level 6 Block Placement 3x days per week to attend for 8 weeks. Mon, Tue, Wed or Thurs. Adult or Paed setting.		Conversation Partners (CP) 4x 1hr session Child Development (CD) 4x half day Tuesday or Thursday, 8 sessions	25-Jan-21	24
01-Feb-21						01-Feb-21	25
08-Feb-21						08-Feb-21	26
15-Feb-21						15-Feb-21	27
22-Feb-21						22-Feb-21	28
01-Mar-21						01-Mar-21	29
08-Mar-21						08-Mar-21	30
15-Mar-21						15-Mar-21	31
22-Mar-21						22-Mar-21	32
29-Mar-21						29-Mar-21	33
05-Apr-21						05-Apr-21	34
12-Apr-21						12-Apr-21	35
19-Apr-21						19-Apr-21	36
26-Apr-21						26-Apr-21	37
03-May-21		Level 5 Block Placement 3x days per week to attend 6 weeks. Mon, Tue, Wed or Thurs. Adult or Paed setting.				03-May-21	38
10-May-21						10-May-21	39
17-May-21						17-May-21	40
24-May-21						24-May-21	41
31-May-21						31-May-21	42
07-Jun-21						07-Jun-21	43
14-Jun-21	Level 4 Block Placement 4x days per week to attend 2 weeks out of 3 available. Mon, Tue, Wed, Thurs or Fri. Adult or Paed SLT setting.			Level 7 Block Placement 4x days per week to attend 4 weeks out of 5 available. Mon, Tue, Wed, Thurs or Fri. Adult or Paed setting.		14-Jun-21	44
21-Jun-21						21-Jun-21	45
28-Jun-21						28-Jun-21	46
05-Jul-21						05-Jul-21	47
12-Jul-21						12-Jul-21	48
19-Jul-21						19-Jul-21	49
26-Jul-21						26-Jul-21	50
02-Aug-21						02-Aug-21	51
09-Aug-21						09-Aug-21	52
16-Aug-21						16-Aug-21	53
23-Aug-21						23-Aug-21	54

BSc (Hons) Speech and Language Therapy Placement timetable

YEAR I (Level 4)	YEAR II (Level 5)	YEAR III (Level 6)
Term 1 (October – December)		
Ongoing Observation Placement - usually peer Attend 5 sessions / days across 5 weeks, experiencing a range of different settings. Tuesdays or Thursdays	Ongoing recovery placement from last academic year (replaces cancelled L4 summer block) 6 days 1 day per week x 6 weeks Tuesdays or Thursdays	On-going Placement 1 day a week x 8 weeks Involves full responsibility for running sessions under supervision. Tuesdays or Wednesdays Assessed Visit - Made by a university or other designated tutor. Date to be negotiated with practice educator.
Term 2 (January – March)		
Child Development Placement Attendance ½ day per week for 4 weeks then Conversation Partners Placement Attendance 1 hour per week for 4 weeks These placements support the development of clinical skills but are not hands-on supervised clinical experiences.	No placement	Block Placement 3 days per week x 8 weeks Monday to Thursday Responsible for a small caseload under supervision
Term 3 (Mar – June)		
Block Placement (June) 4 days a week x 2 weeks Monday to Thursday The beginnings of hands-on work under supervision.	Block Placement (April to May) 3 days a week x 6 weeks Monday to Thursday Hands on work with growing independence. Full sessions should be planned and run during this term.	No placement

MSc Speech and Language Therapy placement timetable

Year I	Year II
Term 1 (October – December)	
Ongoing Observation Placement - usually peer Attend 5 sessions / days across 5 weeks, experiencing a range of different settings. Tuesdays or Thursdays	Ongoing Placement Attendance for 1 full day per week x 8 weeks, working with adults or children Involves full responsibility for running sessions under supervision, and making management decisions with support Assessed Visit - Made by a university or other designated tutor. Date to be negotiated with practice educator.
Term 2 (January - March)	
Conversation Partners Placement Attendance 1 hour per week for 4 weeks These placements support the development of clinical skills but are not hands-on supervised clinical experiences then Child Development Placement Attendance $\frac{1}{2}$ day per week for 4 weeks Equivalent to 4 sessions	No placement
Term 3 (March - August)	
Block Placement - June Attendance 4 days a week x 5 weeks Monday to Thursday Hands on work in a child or adult setting with growing independence. Over the duration of the placement students progress to planning and running full sessions.	Block Placement - June Attendance 4 days a week x 8 weeks Monday to Thursday Responsible for a small caseload under supervision.

BSc L4

- w/c 26th Oct, 5 settings, Tues or Thurs, 5 weeks
- w/c 11th Jan, Tues or Thurs, 8 sessions, Child Dev / Conversation Partner
- w/c 14th Jun, 4 days a week, Mon - Thur, 2 weeks

BSc L5

- w/c 5th Oct, 1 day a week, Tues or Thurs, 6 weeks
- w/c 19th April, 3 days a week, Mon-Thur, 6 weeks

BSc L6

- w/c 5th Oct, 1 day a week, Tues or Wed, 8 weeks
- w/c 4th Jan, 3 days a week, Mon-Thur, 8 weeks

MSc Y1

- w/c 26th Oct, 5 settings, Tues or Thurs, 5 weeks
- w/c 11th Jan, Tues or Thurs, 8 sessions, Child Dev / Conversation Partner
- w/c 14th Jun, 4 days a week, Mon-Thur, 4 weeks

MSc Y2

- w/c 5th Oct, 1 day a week, Tues or Wed, 8 weeks
- w/c 21st Jun, 4 days a week, Mon-Thur, 8 weeks

PART E

APPENDICES

APPENDIX 1

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 in the particular setting, along with local organisational policy. Policy and practice will differ across different organisations 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

Students joining and returning to the course have been asked to provide information re their technological equipment to support their learning in an online environment ie laptops and headphones. Where these are 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. 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.

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](#).

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.

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 Googlemeets 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 explicitly consented to by all parties, for a clearly defined purpose.

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, only 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, 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.

5. Maintaining confidentiality in an e-portfolio (Pebble Pad)

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.

[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 reports, mid-placement aims, 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, specific setting) should be removed.

With all information, professional judgement must be used and decisions must always be based around the protection of the service user. Thought should be given to the use of headed paper with logos and addresses – if the placement setting is a small specialist setting (e.g. an individual specialist unit), this information, together with the details in the report, may make a client easily identifiable. However, the logo of a large trust is unlikely to place the service user at risk of being identified.

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 word processing functions are used carefully, (e.g. use of highlighting and shading) to ensure that the typing beneath is not visible.

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, and educators should not be included at all.

[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%, Y2 10%, Y3 20%. The penalties on the MSc are: Y1 5%, Y2 20%.

These are full marks that will be deducted ie breaching confidentiality in a Y3 assignment will result in a loss of 20 marks. In addition, you may have to attend a clinical tutorial and complete a written reflection. For pass/fail assignments, such as the placement workbooks, the student will 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](#). Follow the link and click on 'Student Conduct'

[7. 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 individual's name (a peer, a professional), a specific setting, an organisation). 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 updated September 2020.

APPENDIX 2

Student Learning Needs Declaration



I consent to this information being shared with my practice educator.

Student name Student signature

Student has a University learning contract Yes No

The contract is due to difficulties with:

Dyslexia		Physical needs		Mental health		Family circumstances		Other	
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University tutors have been providing support regarding:

Attendance		Failed previous placement		Other	
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This student would benefit from:

Information in advance, where possible		Additional preparation and thinking time		A structured timetable	
A quiet place to work		Clear feedback		Written feedback	
Regular breaks throughout the day		Reduced length of sessions		Not having to travel too far to/during placement	

Additional comments on the student's needs to help manage the above:

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If you have any further questions or would like to discuss any of the areas please contact placement co-ordinator, academic advisor or link lecturer

Student Name	
Date of Plan	
Course	BSc/MSc
Stage of Course	Ongoing/Block placement Year 1/2/3

APPENDIX 3

Care and Session Planning Guidance



The framework and terminology provided is a suggested format for planning intervention (care plan) and planning an individual session (session plan).

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

Where a student does a 'one-off' session with a client it is not always appropriate to write a full care plan, the session plan alone may suffice.

Where practice educators normally work through a consultative model, the order may be reversed i.e. assessment/review session followed by writing a care plan.

Practice educators may recommend an alternative format for either plan.

Care Plan

Any alternative format must include information about Aims for the episode of care, approach to intervention, and rationale. Care Plans such as Education and Health Care Plans may not include a rationale and so where students use these a rationale should be added.

Support plans written for clients may also not include a rationale or reference to the evidence base so where students use these, a rationale should be added.

- SLT diagnosis/Summary of present condition: Not all clients will have a formal SLT diagnosis, and if this is the case make a very brief summary of the main needs.
- Investigations/Observations/Assessments: Summarise the assessment or review that has led to writing this care plan. There is no need to provide a full history during placement, although students may wish to consider this for university assignments (e.g. case presentation, Year 3 assessed visit)
- Other needs/diagnosis: Include other (Non-SLT) needs
- MDT involvement: List each service involved and give a brief description of their input
- SLT aims for episode of care: Think about the client's needs and priorities and decide on no more than 3 aims. Consider how to make them 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.
- Intervention to meet aims: Complete the table for each aim you set, describing and explaining your intervention.
- ICF dimension – Circle the dimension which the aim addresses.
- Intervention approach – 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.
- Rationale for approach – Is your approach evidence based? Explain the evidence using the theoretical basis, research and professional recommendations. Refer to the suitability of the

approach for this client by using the other elements of EBP3: clinician expertise (this could be in the form of local policies) and client values.

- Dose – this is all about the way that the intervention will be delivered. Group or individual? Who will deliver the intervention? How long are the sessions? How many sessions? How often?
- Evidence for Dose – compare your plan for delivery with the methodology used in published research for this intervention. Is it similar?
- Baseline measurement – this is the starting point for your period of intervention, e.g. assessment results, observations
- 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.

Session Plan

Again, practice educators may recommend an alternative plan. It should include Targets for the session that are measurable and a description of the tasks. It is also likely to include contingencies (step up/down ideas).

- Aims for the episode of care: Transfer the aims from your care plan. If this is an assessment session (i.e. there is no care plan) write suitable aims. Think about your own perspective (collecting appropriate information to develop a care plan) and the client's perspective – what do they aim to gain from an assessment session?
- Target: What exactly do you want the client to achieve in the session? The target should be SMART (see above).
- 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?

Your plan should be coherent so that the links between the aims, intervention, targets and tasks are clear.

The differentiated plans are:

- Care plan L4, Session plan L4
- Care plan L5 / Msc1
- Session plan L5/ L6 / MSc 1 / MSc2
- Care Plan L6 / MSc2

APPENDIX 4

Reflection and Feedback Form

Session identifier:	Date:
Personal Goals for this session:	
<p>Student reflection:</p> <p>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?</p> <p>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?</p> <p>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?</p>	
Feedback from SLT:	
Action:	

APPENDIX 5

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	Action	Person Responsible	Review Date, Who?

Plan agreed by: _____ Date: _____

APPENDIX 6

Guidelines for Role Emerging Placements

Role emerging/ long arm placements occur in sites that do not have an established speech and language therapy role. These settings offer the student an opportunity to consider the needs of the setting and the potential speech and language therapy role, and to develop projects that may be relevant for the setting and service user group. On site, a 'mentor' is identified who has appropriate experience and training within the setting and client group and 'long-arm' supervision is provided by a speech and language therapist. This guidance sets out specific considerations for long-arm placements.

Preparation for the placement

Practice educators (mentor and supervisor) should meet before the start of the placement

To discuss the learning outcomes and placement aims

To discuss potential projects

To explore how student supervision would be best addressed

To agree the roles and responsibilities

Agree a timetable for supervision, including mid and final grading

Following allocation, students will contact both practice educators and mentors to introduce themselves

This initial contact allows the practice educators and mentors to finalise details regarding the first day, and to inform the student of any necessary preparation they need to make before starting on placement (e.g. clothing requirements, hours of attendance, reading, etc)

The placement

At the start of the placement, the student, mentor and supervisor should consider the placement aims and the students' objectives

The student should be guided to explore possible roles and projects to develop within the placement

The student should familiarise her / him with the setting, and shadow the mentor or other key people to observe their work and that of the service

The students should have access to resources from a variety of means including visits to other agencies, or settings to develop learning

The student should develop SLT resources needed

There should be regular opportunities for reflective practice and self-directed learning by the students

The students' learning objectives should be reviewed and a mid-placement report/ grading should be completed

A final placement report and grading must be completed

Placement evaluation

To evaluate the experience of the student, mentor and supervisor via questionnaires

To provide the opportunity to explore the project that the students completed, and explore projects for the future

To explore the potential for publicity and dissemination of the outcome of the role emerging placement and the experiences that have arisen from it

To propose recommendations and modifications to improve the experience for all concerned and for future placements

To identify further settings or further development of the existing settings

Roles and Responsibilities

The role and responsibilities of the onsite practice educator / 'mentor'

- To prepare the onsite team/ staff for the student placement
- To provide/oversee local setting induction
- To provide information and resources regarding relevant policies and procedures e.g. health and safety, risk and workload management etc.
- To send out relevant information about the setting if necessary, (e.g. transport, dress requirements)
- To take responsibility for general 'professional conduct'
- To provide personal support and guidance to the student
- To monitor attendance of the student (sign the attendance sheet)
- To be the 'expert' regarding the setting and clients
- To offer guidance and insight into the 'ethos' of the setting
- To act as a 'role model'/ source of inspiration for the student
- To ensure that student is not treated as 'another pair of hands'
- Recognition that the student is not a qualified speech and language therapist, but is a student
- To encourage the student to evaluate and reflect on their performance throughout the placement
- To liaise with supervisor regarding student progress
- To clarify and establish regular formal supervision sessions, both individually with the student and jointly with the supervisor and student
- To notify university staff of any concerns regarding the student
- To liaise with the university regarding aspects of the programme on which they would like clarification
- To provide the student with opportunities necessary to achieve the learning outcomes of the module/ placement aims/ student objectives
- To accommodate disability needs as possible and appropriate

The role and responsibilities of the offsite speech and language therapy practice educator 'supervisor'

- To provide support for the onsite mentor
- To challenge the student regarding role of the speech and language therapy
- To provide professional accountability
- To provide guidance with theory into practice (clinical reasoning)
- To act as a role model for the profession
- To facilitate reflection based on experience
- To encourage the student to evaluate and reflect on their performance throughout the placement
- To signpost other resources for the student to learn from
- To assess the student in regards to competencies
- To ensure the documentation for the placement is appropriate
- To offer evaluation and feedback on the placement
- To assist the students in their student role
- To provide the student with opportunities necessary to achieve the learning outcomes of the module.
- To ensure there is regular dialogue on performance
- To discuss assessment outcomes and feedback with the student

The role and responsibilities of university based placement unit staff

- Timely allocation of students to the placement
- Keep the practice practice educator informed of any changes to placements which may affect the running of the placement
- Provide the name and contact number for the specific university educator who liaises with their area (Link Lecturer)
- Identify contacts and mechanism for contacting the university in routine and exceptional circumstances
- Arrange any placement visits eg assessed visit
- Establish mechanisms for communication / consultation with practice practice educators on changes and developments which might affect practice placement education eg via placement steering group
- To oversee the monitoring and evaluation of the practice placement as an appropriate learning environment for pre-registration students

The role and responsibilities of students

- To adhere to the Royal College of Speech and Language Therapists Code of Ethics and Professional Conduct for Speech and Language Therapists and the Health Professions Council Standards of Conduct, Performance and Ethics
- To use student handbook as guidance for the placement
- To complete a daily attendance record, this must be signed off weekly by the mentor
- To liaise with both practice educators
- To be self directed in identifying own learning needs and in seeking resources to fulfil learning outcomes

- To record reflections in the reflective blog
- To complete placement workbook tasks
- To ensure that any project or role that is established is sustainable after completion of the placement
- To seek out support and guidance particularly if there is uncertainty about client/ service user risk or risk to self
- To provide informal feedback, both positive and constructive, to his / her practice practice educator /s throughout the placement
- To evaluate and provide feedback to the university at the end of their role emerging placement

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			

APPENDIX 8

Y3 BSc / Y2 MSc Ongoing Placement Assessed Visit: Protocol

Students in Year 2 of the MSc and Year 3 of the BSc undertake an assessed visit with a member of University staff. This provides an opportunity to offer feedback from another point of view, to complement and reinforce feedback and grading provided by the practice educator. To offer feedback and grading from another viewpoint (academic), to complement and reinforce the feedback and grading process provided by practice educators. Assessors will base the assessment and feedback on the ‘Single Session Evaluation’ and refer to the ‘Core skills’ relating to Year 3. 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.

Arranging the visit:

The assessor (university tutor) will contact the practice educator to agree a mutually convenient time for the visit.

The assessor should request some information about the client group. E.g. 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 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 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 grade Grading based on the 3 aspects: planning, session and viva.

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 workbook.

Please see assessed visit marking criteria and feedback form on next pages.

Assessed visit form 2020-21	82/85/88/92/95/98 Exceptional	72 / 75 / 78 Excellent	62 /65/ 68 Very good	52 / 55 / 58 Good	42 / 45 / 48 Satisfactory	32 / 35 / 38 Unsatisfactory	5 / 15 / 25 Most unsatisfactory
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Written Information

Communication (client setting/ summary)	Exceptional summary demonstrates sophisticated understanding of the client and context.	written which a	Excellent summary demonstrates a sophisticated understanding of the client and context.	written which a	Effective summary demonstrates strong understanding of the client and context.	written which	Effective written summary which demonstrates understanding of the client and context.	written	Generally effective written summary which demonstrates some understanding of the client.	clear	Generally written summary with limited understanding of client or context.	Poorly structured or unfocussed written summary with minimal understanding of client or context.
Work within framework of prof values (session/ care plan)	Develops specific, achievable objectives which show creativity. Objectives are fully consistent with prof values / code of conduct and appropriate to the client.		Develops specific objectives which are achievable, consistent with professional values, and appropriate to client.		Develops objectives which are consistent with professional values / code of conduct and appropriate to client.		Develops objectives which are consistent with professional values/code of conduct and generally appropriate to client.		Uses objectives which are consistent with professional values but are set by the clientele. Limited consideration of appropriateness and practicability		Uses objectives which show awareness of needs of clients and professional values but these are sometimes inconsistently reconciled.	Inadequate attempt to ascertain needs to clientele and develop a workable brief. Limited use of professional values / code of conduct frameworks
Application of theory in written information	Provides detailed, systematic and analytical summary of all relevant information gathered about the client so far. Draws on extensive theory, principles and evidence to evaluate and present information and explain management decisions thus far.		Provides detailed, systematic summary of all relevant information gathered about the client so far. Draws on theory, principles and evidence to evaluate and present inf and explain management decisions thus far.		Provides detailed, systematic summary of all relevant information gathered about the client so far. Draws on some theory, principles and evidence to evaluate information and explain management decisions thus far.		Provides systematic summary of relevant information gathered about the client so far. Draws on some theory, principles and evidence to evaluate information and explain management decisions thus far.		Provides summary of relevant information gathered about the client so far, with limited analysis. Draws on limited theory, principles and evidence to evaluate information and management decisions are conveyed but not clearly explained.		Provides limited summary of relevant information about the client so far, with minimal analysis. There may be some inaccuracies. Limited ability to draw on theory, principles and evidence to evaluate information and explain management decisions thus far.	Summary of information gathered in session contains inaccuracies. Very limited ability to select and apply appropriate principles and techniques to explain issues / address problems; no explanation of management decisions thus far.

Feedback from tutor:

	82/85/88/92/95/98 Exceptional	72 / 75 / 78 Excellent	62 /65/ 68 Very good	52 / 55 / 58 Good	42 / 45 / 48 Satisfactory	32 / 35 / 38 Unsatisfactory	5 / 15 / 25 Most unsatisfactory
Session							
Technical Capability	Creates and flexibly applies a range of innovative tools and techniques to manage session and achieve all objectives, as appropriate.	Creates and applies a range of tools and techniques to manage session and achieve all objectives, as appropriate.	Selects and effectively applies and adapts a range of tools and techniques to manage session and achieve all objectives, as appropriate.	Selects and applies a range of tools and techniques to manage session and achieve most objectives, as appropriate.	Selects and applies tools and techniques to manage a session and achieve most outcomes, as appropriate.	Selects and applies limited range of tools/techniques incorrect to manage a session. Some appropriate outcomes may be achieved.	Selects incorrect/inappropriate tools and techniques and/ or uses them incorrectly when managing session. Few or no appropriate outcomes may be achieved.
Interpersonal	Works collaboratively, constructively and professionally with individuals or groups, sensitively and fully adapting communication as needed to achieve effective outcomes.	Works collaboratively and professionally with individuals or groups, sensitively adapting communication as needed to achieve effective outcomes.	Works collaboratively and professionally with individuals or groups, adapting communication as needed to achieve effective outcomes	Works collaboratively and professionally with individuals or groups, adapting communication to achieve main outcomes.	Works professionally with individuals or groups, with some limited adaptation of communication to achieve some outcomes.	Works professionally with individuals or groups. Minimal or no adaptation of communication adversely affects outcomes.	Lacks professionalism. Minimal or no adaptation of communication has significant adverse impact on outcomes.
Feedback from tutor:							

	82/85/88/92/95/98 Exceptional	72 / 75 / 78 Excellent	62 /65/ 68 Very good	52 / 55 / 58 Good	42 / 45 / 48 Satisfactory	32 / 35 / 38 Unsatisfactory	5 / 15 / 25 Most unsatisfactory
Viva							
Self-appraisal (reflection on session)	Confidently evaluates actions and situations showing a sophisticated awareness of own strengths and weaknesses which are clearly articulated. Evaluation is highly appropriate and exceptionally well-balanced.	Confidently reflects on own strengths and weaknesses and the criteria by which such judgements are made resulting in appropriate and balanced evaluation	Evaluates own strengths and weaknesses and shows developing understanding of criteria for judgements resulting in appropriate and balanced evaluation.	Evaluates own strengths and weaknesses. Some awareness of criteria for judgements results in mostly appropriate and balanced evaluation.	Recognises own strengths and weaknesses. Evaluation mostly appropriate though may be unbalanced.	Some limited recognition of strengths and weaknesses. Evaluation may contain elements that are inappropriate and lacks balance.	Very limited or distorted view of strengths and weaknesses. Evaluation is largely inappropriate and lack balance.
Application (theory)	Provides detailed, systematic and analytical summary of all relevant information gathered in the session. Draws on theory, principles and evidence to evaluate information. Exceptional consideration of validity of theories and interpretive process draws on a variety of theoretical and professional standpoints.	Provides detailed, systematic and analytical summary of all relevant information gathered in the session. Draws on theory, principles and evidence to evaluate information. Consideration of validity of theories and interpretive process draws on more than one theoretical and professional standpoint.	Provides detailed, systematic and analytical summary of all relevant information gathered in the session. Draws on some theory, principles and evidence to evaluate information. Justifies selection and considers validity of theory and interpretive process and may begin to use different perspectives.	Provides systematic summary of relevant information gathered in the session with some analysis. Draws on some theory, principles and evidence to evaluate information. Developing ability to justify selection and consider the validity of theory and/or limits of applicability.	Provides summary of relevant information gathered in the session with limited analysis. Draws on limited theory, principles and evidence to evaluate information. Evaluation and awareness of validity of the process may be superficial.	Provides limited summary of relevant information gathered in the session with minimal analysis. There may be some inaccuracies. Limited ability to draw on theory, principles and evidence to evaluate information. Lacks evaluation and consideration of alternatives.	Summary of information gathered in session contains inaccuracies. Very limited ability to select and apply appropriate principles and techniques to explain issues / address problems; no evidence of evaluation or consideration of alternatives.
Decision making (future management)	Makes clear, innovative decisions with reference to the evidence base about all aspects of future management giving due weight to alternatives and fully supported by a rationale and awareness of context. Articulates additional information required when exercising autonomy and initiative when exploring options.	Makes clear decisions with reference to the evidence base about all aspects of future management giving due weight to alternatives and fully supported by a rationale and awareness of context. Articulates additional information required when exercising autonomy and initiative when exploring options.	Makes clear decisions with reference to the evidence base about some aspects of future management giving due weight to alternatives and supported by a rationale and awareness of context. Articulates additional information required when exercising autonomy and gives due weight to alternatives.	Uses a range of appropriate information, exercising autonomy and initiative when exploring options for future management. Makes clear decisions with reference to the evidence base which give due weight to alternative and consider additional information required.	Uses a limited range of information, exercising some autonomy and initiative when exploring options for future management. Makes decisions with some explanation of rationale.	Uses a limited information and initiative when exploring options for future management. Makes decisions with very limited rationale behind the outcome.	Decision making process is unclear and rationale behind the final outcome or choices in the management plan is untenable.

Feedback from tutor:

Grade:

3 key action points agreed with student:

Signed:

Date:

Appendix 9 Placements 2020-21 with Core Skills Grading

Week	W/C	Level 4 (BSc)	Level 5 (BSc)	Level 6 (BSc)	Level 7 Year 1 (MSc)	Level 7 Year 2 (MSc)	W/C	Week
6	21-Sep-20						21-Sep-20	6
7	28-Sep-20						28-Sep-20	7
8	05-Oct-20						05-Oct-20	8
9	12-Oct-20						12-Oct-20	9
10	19-Oct-20						19-Oct-20	10
11	26-Oct-20						26-Oct-20	11
12	02-Nov-20	Level 4 Ongoing Observation Placement Core Skills 1 appropriate (80%) across all sessions	Level 5 Ongoing Placement (replaces cancelled L4 summer block) 6 days Core Skills 2, 50% emerging mid placement, all emerging by end	Level 6 Ongoing Placement 8 days Core Skills 3, 50% emerging mid placement, all emerging by end	Level 4 Ongoing Observation Placement Core Skills 1 appropriate (80%) across all sessions	Level 7 Year 2 Ongoing Placement 8 days Core Skills 3, 50% emerging mid placement all emerging by end	02-Nov-20	12
13	09-Nov-20						09-Nov-20	13
14	16-Nov-20						16-Nov-20	14
15	23-Nov-20						23-Nov-20	15
16	30-Nov-20						30-Nov-20	16
17	07-Dec-20						07-Dec-20	17
18	14-Dec-20						14-Dec-20	18
19	21-Dec-20						21-Dec-20	19
20	28-Dec-20						28-Dec-20	20
21	04-Jan-21						04-Jan-21	21
22	11-Jan-21	Conversation Partners (CP) 4x 1hr session Child Development (CD) 4x half day Tuesday or Thursday, 8 sessions	Level 6 Block Placement 24 days Core Skills 3, 50% appropriate mid placement, all appropriate by end	Conversation Partners (CP) 4x 1hr session Child Development (CD) 4x half day Tuesday or Thursday, 8 sessions	Level 7 Year 2 Ongoing Placement 8 days Core Skills 3, 50% emerging mid placement all emerging by end	11-Jan-21	22	
23	18-Jan-21					18-Jan-21	23	
24	25-Jan-21					25-Jan-21	24	
25	01-Feb-21					01-Feb-21	25	
26	08-Feb-21					08-Feb-21	26	
27	15-Feb-21					15-Feb-21	27	
28	22-Feb-21					22-Feb-21	28	
29	01-Mar-21					01-Mar-21	29	
30	08-Mar-21					08-Mar-21	30	
31	15-Mar-21					15-Mar-21	31	
32	22-Mar-21					22-Mar-21	32	
33	29-Mar-21					29-Mar-21	33	
34	05-Apr-21					05-Apr-21	34	
35	12-Apr-21					12-Apr-21	35	
36	19-Apr-21	Level 4 Block Placement, 8 days Core Skills 2 50% emerging mid placement, all emerging by end	Level 5 Block Placement 18 days Core Skills 2, 50% appropriate mid placement, all appropriate by end	Level 6 Block Placement 24 days Core Skills 2, all emerging mid placement, all appropriate by end	Level 7 Year 2 Ongoing Placement 8 days Core Skills 3, 50% emerging mid placement all emerging by end	19-Apr-21	36	
37	26-Apr-21					26-Apr-21	37	
38	03-May-21					03-May-21	38	
39	10-May-21					10-May-21	39	
40	17-May-21					17-May-21	40	
41	24-May-21					24-May-21	41	
42	31-May-21					31-May-21	42	
43	07-Jun-21					07-Jun-21	43	
44	14-Jun-21					14-Jun-21	44	
45	21-Jun-21					21-Jun-21	45	
46	28-Jun-21					28-Jun-21	46	
47	05-Jul-21					05-Jul-21	47	
48	12-Jul-21					12-Jul-21	48	
49	19-Jul-21					19-Jul-21	49	
50	26-Jul-21					26-Jul-21	50	
51	02-Aug-21					02-Aug-21	51	
52	09-Aug-21					09-Aug-21	52	
53	16-Aug-21					16-Aug-21	53	
54	23-Aug-21					23-Aug-21	54	
55	30-Aug-21					30-Aug-21	55	
56	06-Sep-21					06-Sep-21	56	
57	13-Sep-21					13-Sep-21	57	

Core Skills 1 Observation Placement

2020-21 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 placement 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. 80% achievement is required to pass Core Skills 1 (ie you must have ticks in 43 of the 56 boxes to pass). 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 sitplacements@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. Many thanks.

Placement setting						
Educator / Mentor name						
Date that student attended						
1.Contacted practice educators prior to the placement appropriately (SOP 9)						
2.Attendance/Punctuality are reliable (SOP 3)						
3.Dress and presentation of student is suitable for the setting (SOP 3)						

4.Appropriately prepared and organised for the placement ie has ID badge and paper / pen (SOP 1)						
5.Interacts suitably with SLTs and / or other professionals (SOP 9)						
6.Interacts suitably with clients and carers when required to do so (SOP 8)						
7.Shows interest in the therapeutic situation eg asks questions (SOP 4)						
8.Maintains confidentiality appropriately (SOP 7)						
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 behavior / skill, and sign and date your comments:

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

Signed: _____

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 clinic; adult acute)	
Placement type (please select)	Ongoing Block
Dates	Start date: End date: Total days:
University Clinical Tutor	

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.

The altered approach to core skill is in response to the [RCSLT Practice-based learning guidance for 2020-21](#). It acknowledges the pressure on practice education during and post COVID-19 and offers flexibility to support the delivery of quality placements. It states:

- There are a range of practice-based learning activities which can be counted as practice placement in the 2020-21 academic year.
- A minimum of 25% of practice-based learning should be direct client-centred care.
- All practice-based learning activities must facilitate learners to meet their Standards of Proficiency (HCPC, 2014).

To address this, we have:

- Asked students to take the lead in demonstrating and recording their learning.
- Reduced the number of core skills whilst reflecting a breadth of potential learning opportunities.
- Added examples of suggested activities which may be used to support and evidence development of the core skills. These are not exhaustive and practice educators or students should feel free to add additional examples as appropriate.

Guidance for Practice Educators

Students are asked to review the core skills and example activities (see Table 2) to identify opportunities to undertake activities that will contribute towards their core skills. Practice educator support with this process would be very helpful.

Examples of activities that can be used to develop and demonstrate the core skills are provided. These are examples only; they are not exhaustive and, 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).

At mid and end placement, you are asked to review the core skills with the student 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 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

Students have been asked to record and evidence their learning in order to demonstrate development of their core skills. The steps to do this are outlined under 'Guidance for students' below. Your feedback is invaluable to students. Wherever possible, please provide verbal and/ or written feedback for students on their activities. Students are expected to note and reflect on feedback they receive as part of their reflective learning log.

Guidance for students

Due to the increased pressure on clinical services during and post COVID-19, we are expecting students to take responsibility for their learning on placement.

- We are confident that students will:
 - support the clinical team by undertaking your role to the best of your ability
 - recognise that there may be limited supervisory opportunities available and avoid making unrealistic demands
 - take responsibility for your own learning using the steps outlined above.

Step 1

Use the **reflective learning log** (Table 1) to reflect on your learning. This is where the key evidence for your core skills will be recorded.

The log provides space for you to:

- Outline how you have applied existing skills and knowledge together with any additional skills that you have developed. Focus on **quality and depth** rather than quantity; it is better to write a short summary that really demonstrates what skills you have developed or what you have learned than to write an essay that simply describes your experience that does not show your learning.
- Reflect in depth on a particular learning experience.
- Record any feedback you have received and your next steps. You should also make a note of any additional evidence that supports your learning. This could include a summary of learning from reading you have done, additional reflections, any written tasks you have completed, care or session plans, university learning etc. Keep these organised in folders relating to each area of core skills (professional conduct; communication and working in partnership; clinical skills; theory to practice) so that you can share with your practice educator/ university tutor as needed.
- **You should complete the reflective learning log daily (ongoing placement) or weekly (block placement).**
- When possible, **discuss your learning with your educator** and ask him or her to comment on it. Be prepared to lead the discussion on your learning and, where appropriate, to share your reflective log and any other evidence associated with your learning. If possible, ask your practice educator to write feedback OR provide verbal feedback and ask your supervisor to sign your learning log.
- **You must adhere to the confidentiality policy when completing your log.**

Step 2

- Take time to review the **core skills** and examples of activities that could be used to demonstrate them as soon as you can (Table 2). These are not exhaustive; add examples of your own if appropriate and discuss with your supervisor if possible.
- For each of the core skills, you should 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. This should be done at the **mid-point** and at the **end of placement**.
- It is important to be realistic and honest about your learning. It may well not be possible to develop and evidence all the core skills and/ or some may only be partially achieved to the appropriate level for your stage in the course. Your university tutor will discuss alternative opportunities for demonstrating core skills as required.

Table 1: Reflective Learning Log

Use this template to record and reflect on your learning as outlined in Guidance for students, Step 1.

You will need to copy and paste the template for each entry.

The log should be completed **daily (ongoing placement) or weekly (block placement)**.

Remember to **maintain confidentiality**.

Date (or w/c)	
<p><i>Briefly list your main duties and activities for the day or week including who you have worked with (clients, colleagues; record this in general terms/roles, NOT individuals). Note where you have observed/ discussed (o); worked jointly (j); worked with supervision (s) or worked independently (i).</i></p>	
<p><i>Briefly note how you have applied your existing skills and knowledge. What new skills or knowledge have you gained or improved?</i></p>	
<p><i>Make a note of any feedback you have received. What is your response to it (feelings and practical actions)?</i></p>	
<p><i>Select a specific experience and write a structured reflection that demonstrates your learning from it.</i></p>	
<p><i>List the core skills developed by your experiences and learning.</i></p>	
<p><i>Note any additional evidence of work that has supported your core skill development.</i></p>	
<p><i>Note any feedback received from practice educator.</i></p>	
<p><i>Next steps (identified by student and/ or agreed with educator).</i></p>	
<p><i>Practice educator signature (where available)</i></p> <p><i>Date:</i></p>	<p><i>Student signature</i></p> <p><i>Date:</i></p>

Table 2: 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 2/6) (e.g. asks permission to provide care; maintains dignity; recognises and considers individual differences; follows employer guidelines of non-discriminatory practice with SUs and colleagues; person-centred; understands demographics of population served)	Mid Placement: 	Mid Placement: No opportunity Not demonstrated Emerging Fully met
	End of placement: 	End of Placement: No opportunity Not demonstrated Emerging Fully met
2. Professional attitude and commitment to role (SOP 3/ 15) (e.g. punctuality, dress and presentation; appropriate time management and organisation; displays interest and engagement; prepares for tasks and meetings; timely completion of tasks and requests; 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 opportunity Not demonstrated Emerging Fully met
	End of placement: 	End of Placement: No opportunity Not demonstrated Emerging Fully 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:

2. Communication and working in partnership

Core skills & examples of supporting activities	Student summary	Grading (please select)
3. Suitable standard of spoken and written English (SOP 8) Evidenced in clinical work. (e.g. 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)	Mid Placement: End of placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met End of Placement: No opportunity Not demonstrated Emerging Fully met
4. Initiates and develops relationships with service users, their families, and other professionals (SOPs 8/9) (e.g. engaged, interested and professional when working with all service users; recognises communication needs of clients; actively uses strategies to try to support communication, with/ without support; e.g. facilitates total communication; makes adaptations to communication where appropriate, e.g. varies content and style for client, carer, professional; demonstrates active listening, e.g empathy, clarification; demonstrates appropriate communication skills colleagues both individually and within teams)	Mid Placement: End of placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met End of Placement: No opportunity Not demonstrated Emerging Fully met
5. Maintains confidentiality in oral and written communication within the placement setting (SOP 7)	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging

(e.g. follows setting policy and professional body guidance on record-keeping; communicates appropriately with others in relation to client information)		Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
6. Understands role and or/ works within the MDT (SOP 9) (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
Overall comments on communication and working in partnership	Student (mid): Student (end):	Practice educator (mid): Practice educator (end):
ACTIONS (agreed with educator and student)		

3.Clinical Skills

Core skills & examples of supporting activities	Student summary	Supervisor/ university tutor comment (as applicable)
7. Makes accurate observations and can record and discuss them (SOP 14) (e.g. observe 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; discusses simple, holistic interpretation of findings from observation/ case history; with guidance, suggests next steps based on findings; makes some links to theory)	Mid Placement: 	Mid Placement: No opportunity Not demonstrated Emerging Fully met
	End of placement: 	End of Placement: No opportunity Not demonstrated Emerging Fully met
8. Administer, score, analyses or interpret formal or informal assessments (SOP 14) (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement: 	End of Placement: No opportunity Not demonstrated Emerging Fully met
9. Prepares and/ or follows and/ or adapts a structured plan (SOP 14) (e.g. 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	Mid Placement: 	Mid Placement: No opportunity Not demonstrated Emerging Fully met

<p>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 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)</p>	<p>End of placement:</p>	<p>End of Placement: No opportunity Not demonstrated Emerging Fully met</p>
<p>10. Provides suitable encouragement, general/ specific feedback and learning/ behaviour change strategies (SOP 14) (e.g. uses choice of activities, verbal encouragement and/ or general feedback to engage client in session; provides specific feedback, modelling, prompting, cuing etc to support client learning; considers actions/ changes for clients/ carers/ others outside the session; uses strategies to support others to make changes/ complete activities)</p>	<p>Mid Placement:</p>	<p>Mid Placement: No opportunity Not demonstrated Emerging Fully met</p>
	<p>End of placement:</p>	<p>End of Placement: No opportunity Not demonstrated Emerging Fully met</p>
<p>11. Reflects and adapts practice (SOP 11) (e.g. 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).</p>	<p>Mid Placement:</p>	<p>Mid Placement: No opportunity Not demonstrated Emerging Fully met</p>
	<p>End of placement:</p>	<p>End of Placement: No opportunity Not demonstrated Emerging Fully met</p>
<p>12. Plans and/ or delivers intervention that is holistic, evidence-based and tailored to individual need (e.g. 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).</p>	<p>Mid Placement:</p>	<p>Mid Placement: No opportunity Not demonstrated Emerging Fully met</p>
	<p>End of placement:</p>	<p>End of Placement: No opportunity Not demonstrated Emerging Fully met</p>

Overall comment on clinical skills	Student (mid):	Practice educator (mid):
	Student (end):	Practice educator (end):
ACTIONS (agreed with educator & student)		

4. 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 13) (e.g. 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)	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
14. Demonstrates knowledge of a range of therapeutic management for the client group (SOP 14) (e.g. 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; audit)	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully 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)		

Pass/Fail Mid placement	Pass/Fail End placement
Practice educator name	Student name
Practice educator 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 clinic; adult acute)	
Placement type (please select)	Ongoing Block
Dates	Start date: End date: Total days:
University Academic advisor / Clinical Tutor	

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.

The altered approach to core skills is in response to the [RCSLT Practice-based learning guidance for 2020-21](#). It acknowledges the pressure on practice education during and post COVID-19 and offers flexibility to support the delivery of quality placements. It states:

- There are a range of practice-based learning activities which can be counted as practice placement in the 2020-21 academic year.
- A minimum of 25% of practice-based learning should be direct client-centred care.
- All practice-based learning activities must facilitate learners to meet their Standards of Proficiency (HCPC, 2014).

To address this, we have:

- Asked students to take the lead in demonstrating and recording their learning.
- Reduced the number of core skills whilst reflecting a breadth of potential learning opportunities.
- Added examples of suggested activities which may be used to support and evidence development of the core skills. These are not exhaustive and practice educators or students should feel free to add additional examples as appropriate.

Guidance for Practice Educators

Students are asked to review the core skills and example activities (see Table 2) to identify opportunities to undertake activities that will contribute towards their core skills. Practice educator support with this process would be very helpful.

Examples of activities that can be used to develop and demonstrate the core skills are provided. These are examples only; they are not exhaustive and, 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 assessments or interventions relevant to a particular client group or engage in a clinical discussion about a client they have observed or worked with).

At mid and end placement, you are asked to review the core skills with the student 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**
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- 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

Students have been asked to record and evidence their learning in order to demonstrate development of their core skills. The steps to do this are outlined under 'Guidance for students' below. Your feedback is invaluable to students. Wherever possible, please provide verbal and/ or written feedback for students on their activities. Students are expected to note and reflect on feedback they receive as part of their reflective learning log.

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 - support the clinical team by undertaking your role to the best of your ability
 - recognise that there may be limited supervisory opportunities available and avoid making unrealistic demands
 - take responsibility for your own learning using the steps outlined above.

Step 1

Use the **reflective learning log** (Table 1) to reflect on your learning. This is where the key evidence for your core skills will be recorded.

The log provides space for you to:

- Outline how you have applied existing skills and knowledge together with any additional skills that you have developed. Focus on **quality and depth** rather than quantity; it is better to write a short summary that really demonstrates what skills you have developed or what you have learned than to write an essay that simply describes your experience that does not show your learning.
- Reflect in depth on a particular learning experience.
- Record any feedback you have received and your next steps. You should also make a note of any additional evidence that supports your learning. This could include a summary of learning from reading you have done, additional reflections, any written tasks you have completed, care or session plans, university learning etc. Keep these organised in folders relating to each area of core skills (professional conduct; communication and working in partnership; clinical skills; theory to practice) so that you can share with your practice educator/ university tutor as needed.
- **You should complete the reflective learning log daily (ongoing placement) or weekly (block placement).**
- When possible, **discuss your learning with your educator** and ask him or her to comment on it. Be prepared to lead the discussion on your learning and, where appropriate, to share your reflective log and any other evidence associated with your learning. If possible, ask your practice educator to write feedback OR provide verbal feedback and ask your supervisor to sign your learning log.
- **You must adhere to the confidentiality policy when completing your log.**

Step 2

- Take time to review the **core skills** and examples of activities that could be used to demonstrate them as soon as you can (Table 2). These are not exhaustive; add examples of your own if appropriate and discuss with your supervisor if possible.
- For each of the core skills, you should 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. This should be done at the **mid-point** and at the **end of placement**.
- It is important to be realistic and honest about your learning. It may well not be possible to develop and evidence all the core skills and/ or some may only be partially achieved to the appropriate level for your stage in the course. Your university tutor will discuss alternative opportunities for demonstrating core skills as required.

Table 1: Reflective Learning Log

Use this template to record and reflect on your learning as outlined in Guidance for students, Step 1.

You will need to copy and paste the template for each entry.

The log should be completed **daily (ongoing placement) or weekly (block placement)**.

Remember to **maintain confidentiality**.

Date (or w/c)	
<p><i>Briefly list your main duties and activities for the day or week including who you have worked with (clients, colleagues; record this in general terms/roles, NOT individuals). Note where you have observed/ discussed (o); worked jointly (j); worked with supervision (s) or worked independently (i).</i></p>	
<p><i>Briefly note how you have applied your existing skills and knowledge. What new skills or knowledge have you gained or improved?</i></p>	
<p><i>Make a note of any feedback you have received. What is your response to it (feelings and practical actions)?</i></p>	
<p><i>Select a specific experience and write a structured reflection that demonstrates your learning from it.</i></p>	
<p><i>List the core skills developed by your experiences and learning.</i></p>	
<p><i>Note any additional evidence of work that has supported your core skill development.</i></p>	
<p><i>Note any feedback received from practice educator.</i></p>	
<p><i>Next steps (identified by student and/ or agreed with educator).</i></p>	
<p><i>Practice educator signature (where available)</i></p> <p><i>Date:</i></p>	<p><i>Student signature</i></p> <p><i>Date:</i></p>

Table 2: 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 (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
2. Ability to make autonomous decisions. Ready to commence independent practice. (SOP 4) (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully 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:

2. 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) (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
4. Demonstrates skilled interaction for those with communication impairments (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
5. Writes records and reports in a succinct and appropriate style (SOP 10) (e.g. 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)	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met

or report; structures information appropriately; writes reports appropriate for purpose and all recipients)	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
6. Recognises and works within boundaries of role (SOP 9) (e.g. when working with clients, able to identify role of SLT and 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 actions; appropriately seeks and engages in supervision)	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
7. Initiates and sustains appropriate professional relationships and can work as part of a team (SOP 9) (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully 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)	Mid:	End:

3. 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) (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement: 	End of Placement: No opportunity Not demonstrated Emerging Fully met
9. Interprets and integrates observations with other info gathered (e.g. case history, formal assessment, informal assessment, to provide holistic picture (SOP 14)) (e.g. 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 opportunity Not demonstrated Emerging Fully met
	End of placement: 	End of Placement: No opportunity Not demonstrated Emerging Fully met
10. Independent in production and execution of a structured plan with suitable adaptations during sessions in response to client need (SOP 14) (e.g. 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; uses step-up/ downs effectively to adapt a session; evaluates session accurately in terms of own skills and decisions; makes appropriate suggestions for change)	Mid Placement: 	Mid Placement: No opportunity Not demonstrated Emerging Fully met
	End of placement: 	End of Placement: No opportunity Not demonstrated Emerging Fully met

<p>11. Embeds research/ evidence base in the plan by providing a clear rationale for choice of therapy approach (SOP 14) (e.g. 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)</p>	<p>Mid Placement:</p>	<p>Mid Placement: No opportunity Not demonstrated Emerging Fully met</p>
<p>12. Provides specific therapeutic feedback to guide learning (SOP 14) (e.g. 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 plans)</p>	<p>End of placement:</p>	<p>End of Placement: No opportunity Not demonstrated Emerging Fully met</p>
	<p>End of placement:</p>	<p>End of Placement: No opportunity Not demonstrated Emerging Fully met</p>
<p>13. Can manage own caseload, e.g. prioritisation (SOP 14) (e.g. 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)</p>	<p>Mid Placement:</p>	<p>Mid Placement: No opportunity Not demonstrated Emerging Fully met</p>
	<p>End of placement:</p>	<p>End of Placement: No opportunity Not demonstrated Emerging Fully met</p>
<p>14. Plans and delivers intervention that is holistic and tailored to individual need (SOP 5) (e.g. integrates ICF into care plans; recognises personal and environmental factors that influence client engagement with therapy; identifies and respects client's own preferences when selecting goals; engages in shared decision making)</p>	<p>Mid Placement:</p>	<p>Mid Placement: No opportunity Not demonstrated Emerging Fully met</p>
	<p>End of placement:</p>	<p>End of Placement: No opportunity Not demonstrated Emerging Fully met</p>

<p>15. Realistic in long term planning, determining prognosis and understanding how the role of the SLT might change (SOP 14) (e.g. 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)</p>	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
<p>16. Effective use of outcomes to evaluate therapy (SOP 12) (e.g. 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).</p>	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
<p>17. Reflects and adapts practice independently (SOP 11) (e.g. 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>	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met
<p>18. Identifies and guides others in health and safety practice (SOP 15) (e.g. follows relevant health and safety policies; models best practice; identifies and reports any health and safety risks)</p>	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met
	End of placement:	End of Placement: No opportunity Not demonstrated Emerging Fully met
Overall comment on clinical skills	Student (mid):	Practice educator (mid):

	Student (end):	Practice educator (end):
ACTIONS (agreed with educator & student)	Mid:	End:

4. 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) (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 and session plans; relates client data to appropriate models and uses theory to hypothesise breakdown and plan intervention)	Mid Placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met
20. Discusses evidence base in relation to therapeutic management of client group (SOP 14) (e.g. 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; audit)	Mid Placement: End of placement:	Mid Placement: No opportunity Not demonstrated Emerging Fully met End of Placement: No opportunity Not demonstrated Emerging Fully 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)		

Pass/Fail mid placement	Pass/Fail end placement
Practice educator name	Student name
Practice educator signature	Student signature
Date	Date

Placement calendar and grading

Students cannot pass unless the required level has been met at each stage

Week	W/C	Level 4 (BSc)	Level 5 (BSc)	Level 6 (BSc)	Level 7 Year 1 (MSc)	Level 7 Year 2 (MSc)	W/C	Week	
6	21-Sep-20						21-Sep-20	6	
7	28-Sep-20						28-Sep-20	7	
8	05-Oct-20						05-Oct-20	8	
9	12-Oct-20						12-Oct-20	9	
10	19-Oct-20						19-Oct-20	10	
11	26-Oct-20						26-Oct-20	11	
12	02-Nov-20						02-Nov-20	12	
13	09-Nov-20						09-Nov-20	13	
14	16-Nov-20						16-Nov-20	14	
15	23-Nov-20						23-Nov-20	15	
16	30-Nov-20						30-Nov-20	16	
17	07-Dec-20						07-Dec-20	17	
18	14-Dec-20						14-Dec-20	18	
19	21-Dec-20						21-Dec-20	19	
20	28-Dec-20						28-Dec-20	20	
21	04-Jan-21						04-Jan-21	21	
22	11-Jan-21						11-Jan-21	22	
23	18-Jan-21						18-Jan-21	23	
24	25-Jan-21	Conversation Partners (CP) 4x 1hr session Child Development (CD) 4x half day Tuesday or Thursday, 8 sessions			Level 6 Block Placement 24 days Core Skills 3, 50% appropriate mid placement, all appropriate by end	Conversation Partners (CP) 4x 1hr session Child Development (CD) 4x half day Tuesday or Thursday, 8 sessions		25-Jan-21	24
25	01-Feb-21						01-Feb-21	25	
26	08-Feb-21						08-Feb-21	26	
27	15-Feb-21						15-Feb-21	27	
28	22-Feb-21						22-Feb-21	28	
29	01-Mar-21						01-Mar-21	29	
30	08-Mar-21						08-Mar-21	30	
31	15-Mar-21						15-Mar-21	31	
32	22-Mar-21						22-Mar-21	32	
33	29-Mar-21						29-Mar-21	33	
34	05-Apr-21						05-Apr-21	34	
35	12-Apr-21						12-Apr-21	35	
36	19-Apr-21						19-Apr-21	36	
37	26-Apr-21						26-Apr-21	37	
38	03-May-21						03-May-21	38	
39	10-May-21						10-May-21	39	
40	17-May-21						17-May-21	40	
41	24-May-21						24-May-21	41	
42	31-May-21						31-May-21	42	
43	07-Jun-21						07-Jun-21	43	
44	14-Jun-21	Level 4 Block Placement, 8 days Core Skills 2 50% emerging mid placement, all emerging by end				Level 7 Block Placement 24 days Core Skills 2, all emerging mid placement, all appropriate by end		14-Jun-21	44
45	21-Jun-21						21-Jun-21	45	
46	28-Jun-21						28-Jun-21	46	
47	05-Jul-21						05-Jul-21	47	
48	12-Jul-21						12-Jul-21	48	
49	19-Jul-21						19-Jul-21	49	
50	26-Jul-21						26-Jul-21	50	
51	02-Aug-21						02-Aug-21	51	
52	09-Aug-21						09-Aug-21	52	
53	16-Aug-21						16-Aug-21	53	
54	23-Aug-21						23-Aug-21	54	
55	30-Aug-21						30-Aug-21	55	
56	06-Sep-21						06-Sep-21	56	
57	13-Sep-21						13-Sep-21	57	