CITY UNIVERSITY LONDON

The University for business and the professions

Division of Language and Communication Science

School of Health Sciences

PRACTICE EDUCATORS' HANDBOOK

BSc (Hons) and Postgraduate Diploma in Speech and Language Therapy

2014-2015

CITY UNIVERSITY LONDON

September 2014

Dear Practice Educator,

First of all we would like to thank you very much for taking City students this year. If you are a continuing educator we would like reiterate how much we appreciate all the support you have given in the past. If you are new, we hope you will enjoy the partnership.

2013 -14 has been a successful year for us at City. Our undergraduate students gave our programme a 97% satisfaction rating. A large part of that is due to the quality of students' placement experience.

The majority of our BSc and Postgraduate Diploma students graduated in July and we hope that you will enjoy their company should any of them join your teams

This year we are very happy to welcome new clinical members of staff to the City team. There are other staff changes too; Jane Marshall will be stepping down as Division Lead and Paul Turner will be taking on this role.

Thank you again for your continued work and support. The ongoing success of our programmes is dependent on the close partnership between you as clinicians and us here at City and allows us all to maintain the high quality of clinicians within the profession. At the University we will continue to strive to facilitate this partnership and as always we welcome your input.

Best wishes

Abigail Levin
Director of Professional Education

Contents

The information contained in this handbook was correct at the time of going to press. Some changes may take place during the year in line with changing demands.

1. INTRODUCTION

Clinical Education of City Students

As a practice educator you will have been on a practice educator's training course and will be familiar with the needs of the students from City. This handbook is designed to give you some practical advice about preparation for supervision as well as an orientation to students' expectations and needs. The relationship between academic and clinical learning is considered to be a key feature in the development of the speech and language therapy student and placements clearly play a critical role.

The National Standards for Placement Learning or 'SPELs' have been developed by RCSLT through the Clinical Placements Forum and are available on the RCLST website. We are confident that all our procedures meet the HEI standards and would encourage all placement providers to use them to ensure that all students have placement experiences of similar standards.
http://www.rcslt.org/about/work_with_universities/pre_reg_edu/RCSLT_placement_provider_National_Standards_for_Practice-based_Learning__January_2006.pdf

Self audit tools for standards for practice based learning can be found: http://www.rcslt.org/about/work_with_universities/pre_reg_edu/spl

As student Speech & Language Therapists, you are being prepared for registration with Health Care Professions Council upon qualification. You will need to demonstrate that you are capable of meeting the Standards of Conduct and Ethics for students

http://www.hpc-uk.org/assets/documents/10002D1BGuidanceonconductandethicsforstudents.pdf

as well as meeting HCPC's Standards of Proficiency for a newly qualified practitioner by the end of your programme.
http://www.hpc-uk.org/assets/documents/10000529Standards_of_Proficiency_SLTs.pdf

Please see http://www.hpc-uk.org for more information.

Purpose of the Handbook and Resource Pack

The purpose of this handbook is to provide the key information needed in order to supervise a student from City University, London, on clinical placement. It contains information relating to supervision for every year group and programme (whether BSc or PG Dip). Supplementary information and forms to be photocopied are available in the Appendices.
All student related resources are also available on the PMP website which has been developed for use by the students and educators.

https://www.pmpartnership.org.uk/HEI_Pages/Documents.aspx?heiid=3&folderid=16

We hope that the handbook and PMP pages will allow educators easy access to the information they need for their particular student. Educators are informed of their students' year group, and programme in the placement notification email.

DIVISION OF LANGUAGE & COMMUNICATION SCIENCE, CITY UNIVERSITY
CLINICAL PLACEMENT PROGRAMME 2014-2015

Undergraduate Programme

Term dates **Placement dates** **Year Groups**	**Autumn 14** **29 September -12 December** **w/b 06 Oct – 12 Dec**	**Spring 15** **26 January – 10 April** **26 Jan – 10 April**	**Summer 15** **01 June – 26 June** **01 June – 26 June**
BSc 1 **36 students**	1 session per week in nurseries, residential homes, day centres. This starts after reading week	1 session per week in nurseries, residential homes, day centres	N/A
BSc 2 **40 students** Any client group	2 sessions a week Tue or Wed **Linked to Spring:** **two term placement** **(10 days – 20 sessions)**	2 sessions a week Tue or Wed **Linked to Autumn:** **two term placement** **(11 days – 22 sessions)**	Block 24-32 sessions in the period 3-4 days per week **(12 days – 24 sessions)**
BSc 3 **35 students** **Autumn/Spring** Any client group **Summer** Adult	2 sessions a week Mon or Fri **Linked to Spring:** **two term placement** **(10 days – 20 sessions)**	2 sessions a week Mon or Fri **Linked to Autumn:** **two term placement** **(11 days – 22 sessions)**	Block 24-32 sessions in the period 3-4 days per week Adult **(12 days – 24 sessions)**
BSc 4 **35 students** Any client group	N/A	Block **Placements: 26th Jan - 13th March** **(28 days - 56 sessions 4 days per week)**	N/A

Postgraduate Programme

Year Groups **Term dates** **Placement dates**	**Autumn 14** **29 September -12 December** **PG2: 22 Sep – 12 Dec**	**Spring 15** **26 January – 10 April** **PG1: 12 Jan – PG2 26 Jan**	**Summer 15** **01 June – 10 July** **01 June – 10 July**
PgDip 1 **80 students** Any client group	N/a	Up to 5 days within 2 weeks 12 – 23 January One day a week Tues or Wed 26 January- 11 April **Linked to Summer: two term placement** **(14 – 16 days 28-32 sessions)**	Block 48 sessions in the period 4 days a week **Linked to Spring: two term placement** **(24 days – 48 sessions)**
PgDip 2 **80 students** Any client group	Mini block 3-5 days w/b 22nd September. One day a week Mon or Fri from 29 September **Linked to Spring:** **Two term placement** **(14-16 days – 28-32 sessions)**	One day a week Mon or Fri 27 January – 11 April **Linked to Autumn:** **Two term placement** **(11 days – 22 sessions)**	Block 48 sessions in the period 4 days a week **(24 days - 48 sessions)**

1 session = half a working day (4 hours)

Contacts:

Placement contacts:

Individual	Email	Telephone
Roopa Dobbs	Clinicalplacements@city.ac.uk Roopa.dobbs.1@city.ac.uk	020 7040 5983
Sarah Watts	sarah.watts@tribalgroup.com	0844 811 5037
Abigail Levin	a.levin-1@city.ac.uk	020 7040 4662

Professional Studies Module Leaders and Clinical Tutors

Year	Tutors	Internal (I) Visiting (V)	Telephone	Email
BSc1	Ros Herman **Module Leaders** Kirsty Harrison/ Natalie Hasson Madeline Cruice/ Bernard Camilleri	I I I	020 7040 8285 020 7040 8292/ 020 7040 8280 020 7040 8290 020 7040 8505	r.c.herman@city.ac.uk Kirsty.harrison.1@city.ac.uk n.k.hasson@city.ac.uk m.cruice@city.ac.uk bernard.camilleri.1@city.ac.uk
BSc2	Natalie Hasson **Module Leader** Ioanna Georgiadou Corinne Moffatt Donna Ravening	I I V V	020 7040 8280 0207 040 8903 020 8223 8943 07788 642973	n.k.hasson@city.ac.uk Ioanna.Georgiadou.1@city.ac.uk Corinne.moffatt.1@city.ac.uk donnaraven@hotmail.com
BSc3	Kirsty Harrison **Module Leader** Abigail Levin Marie-Therese Worthington	I I V	020 7040 8292 020 7040 4662 020 3049 6112	Kirsty.harrison.1@city.ac.uk a.levin-1@city.ac.uk Marie-Therese.Worthington.1@city.ac.uk
BSc4	Madeline Cruice – **Module Leader** Celia Harding Lucy Myers	I I I	020 7040 8290 020 7040 8946 020 7040 4134	m.cruice@city.ac.uk c.harding@city.ac.uk lucy.myers@city.ac.uk
PgDip1	Bernard Camilleri – **Module Leader** Melanie Cross Keena Cummins Anita McKiernan Alison Kendall Belinda Seeff-Gabriel Lucy Myers Emma Fitzpatrick/Sally Morgan	I V V V V V I I	020 7040 8505 07703 629 821 07985 944 072 07940 798147 07967 316 052 07811 437 043 020 7040 4134 020 7040 8286/tbc	bernard.camilleri.1@city.ac.uk melanie@melaniecross.co.uk keena@keenacummins.co.uk anita@amckiernan.freeserve.co.uk Alison.Kendall@city.ac.uk belinda.seeff-gabriel.1@city.ac.uk lucy.myers@city.ac.uk emma.fitzpatrick@city.ac.uk
PgDip2	Sally Morgan - **Module Leader** Jane Marshall Carolyn Cheasman Rachel Chadwick Katerina Hilari Sharon Millard Emma Fitzpatrick	I I V V I I I	020 7040 0194 020 7040 4668 07986 762649 07915552019 020 7040 4660 0207 040 0150 020 7040 8286	Sally.morgan@city.ac.uk J.Marshall@city.ac.uk carolyn.cheasman@citylit.ac.uk Rachel.Chadwick@bartshealth.nhs.uk K.Hilari@city.ac.uk Sharon.millard@city.ac.uk emma.fitzpatrick@city.ac.uk

Roles

Roopa Dobbs clinicalplacements@city.ac.uk 0220 7040 5983 is the Senior Placements Officer for the School of Health Sciences.

Roopa's placement role includes:

- responds to initial student, tutor and practice educator queries relating to placements
- processes all placement information given by students and practice educators
- allocates placements according to the information supplied
- initial contact for all placement queries

Sarah Watts sarah.watts@tribalgroup.com 0844 811 5037 is the member of staff at the PMP who is responsible for City and UCL speech and language therapy placements.
Sarah's placement role includes:

- the request of offers on the PMP
- initial contact for placement queries regarding inputting offers
- responding to student and educator queries relating to placements and PMP
- management of the shortfall of offers
- creating reports about offers during the year

Abigail Levin a.levin-1@city.ac.uk 020 7040 4662 is the Director of Professional Education
Abigail's placement role includes:

- Manages the placements team
- Ensures that quality assurance procedures are in place
- Ensures that clinical teaching responds to service needs
- Leads on strategic planning around placement generation
- Leads Clinical tutor training sessions
- Supports Professional Studies Module leaders across all year groups in managing the delivery of the programme

Abigail has a strategic overview of the clinical education including the placement programme and should be contacted regarding concerns about the quality or suitability of any clinical placement or any serious student issues. Professional Studies Module leaders remain the usual first contact for a student focused issue. Abigail is also the point of contact for tutors in relation to their role at City, support and development.

Other contacts

Emma Lewsey Senior Programmes Officer providing general administrative support for the SLT programmes Emma.Lewsey.1@city.ac.uk 020 7040 5799

Robert Davey R.Davey@city.ac.uk 0207 040 8216 provides technical support.

Internal academic staff phone numbers and emails are available on the staff directory pages of the web:
http://www.city.ac.uk/health/staff-directory#search/F/Division+of+Language+and+Communication+Science
Email is the default method of communication for students and staff and visiting clinical tutors will be allocated a city.ac.uk email account. However, it is often more practical to provide a personal or other work email address for immediate contacts and it is helpful for the administrative staff to have work, home and mobile telephone contacts for staff use only. These will not be circulated to students unless the individual tutor decides to do this.

2. General Information

Contact with City

The main point of contact at the University for the Practice Educator is with the student's Clinical Tutor. They will telephone early in a placement to ensure that an educator is happy with arrangements and with the student's performance thus far. There is a clear strategy for reviewing a student's progress while on placement as outlined below but the educator is asked to contact the tutor at any point should there be any concerns.

Local Placement Networks

The placement coordinator in your Service attends two meetings a year with City and UCL to discuss placement related issues. If you have any feedback to give the universities inform your coordinator so that they can be discussed at this forum.

Attendance

Students are required to attend clinical placements for the whole term or block including reading weeks. If they are unable to attend the student should contact the educator by an agreed method giving the extenuating circumstances and if possible, make up the time. Attendance and punctuality are monitored.

Preparation for day in placement

Students are expected to prepare for their day in placement. Educators should ensure that these expectations are reasonable given the other demands of the course.

Student Support

Students often form a strong relationship with their practice educator and may seek support for issues other than their clinical skills development. However, it may be appropriate for students to seek this support via other mechanisms that are available to them. These are outlined in **Appendix C** so that practice educators can facilitate student access to the appropriate support as necessary.

Disclosure of Student Concern

Concerns about students can be at academic, clinical and personal levels. The following protocol has been agreed.

Where a student needs to attend for a resit clinical placement the full extent of concern about the student will be discussed with the supervising practice educator. This is a continuation of current practice.

In all other cases, the responsibility for informing the supervising practice educator of academic, clinical or personal concerns lies with the student. This decision has been taken in order to allow all students to begin new placements with a 'clean sheet' and also to encourage them to develop their own strategies for managing their needs. In such cases the clinical tutor will make contact with the practice educator early and it is likely that a 'live' clinic visit will be recommended. Ultimately it is the responsibility of the clinical tutor to disclose information to the practice educator if he or she feels it is essential to the support of the student and the practice educator. This will be done following discussion with the Module Leader, the Year leader and the Director of Professional Education and after informing the student.

Resits

The formal process in **Appendix C** should be followed where a student is in a resit placement.

Overview of Student Clinical Assessment

Please see **Appendix A** for details of the assessment process and forms.

Year	Portfolio tasks	In house clinical exam			Placement assessment
		Clinical practice: Implementing Therapy	Professional communication skills: Verbal report and Viva	Diagnostic Video, observation, diagnosis, planning	
BSc1	Y				
BSc2	Y	Y	Y		Y
BSc3	Y	Y	Y		Y
BSc4	Y			Y	Y
PG1	Y	Y	Y		Y
PG2	Y			Y	Y

Summary of Practice Educator's Responsibilities

Please see **Appendix C** for more in-depth details of the role and responsibilities of the practice educator.

The following 'at a glance', chronological summary of the responsibilities of the practice educator during weekly ongoing placements is a suggested format and is not intended to be prescriptive – obviously different clinical settings will vary in exactly how timetables are organised. The summary applies to all the year groups of students although they will be starting their placements at different points in the year.

SUMMARY OF RESPONSIBILITIES ON PLACEMENT

Placement	Timing within the placement	Summary of responsibility
All New Placements	Prior to placement beginning	• Plan for the placement o Induction o Clients o Feedback – timing and format o Familiarisation with cause for concern and Fitness to practise processes (p55 & 74);
All new placements	Week 1	• Establish ground rules for placement and make explicit the expectations of the student • Elicit the students' expectations and discuss any differences in expectations between educator and student • Draw any significant problems to the attention of the clinical tutor • Establish the methods and frequency of feedback • Discuss Fitness to Practice and Cause for concern i.e. Are there any circumstances that might have an impact on the placement?
Spring BSc3 & BSc2 Summer PG1	By end of week 2	• Establish the opportunities for making videos of clinical sessions for use by the student in their 'in house' clinical assessment and viva at the end of the Spring term
Autumn & Summer BSc3& BSc2 Autumn & Spring for G2 Spring only PG1 & BSc4	By week 3	• Consider the opportunities for the clinical portfolio so that the clinical tutor can consider any alternative arrangements which may be necessary for the student to complete the required tasks and/or so that the clinical tutor can discuss with the educator any differentiation of tasks which may be appropriate
All (except BSc4)	By week 6	• Hold a more formal interim feedback session with the students to complete the Report of Clinical Progress. Highlight areas of strength, areas for development and a programme of action for future development including areas that might be a Cause for Concern or have an impact on Fitness to Practice. • Highlight any on-going concerns to the clinical tutor • Collect service user/carer feedback (form provided)
BSc4	By week 4	• As immediately above
All	By end of term	• Complete the 'Report of the clinical progress' form, discuss with students and return to clinical tutor • Sign off Student's Clinical Record • Collect service user/carer feedback (form provided)
Summer for BSc2, BSc3, PG1 Spring for BSc4 & PG2	By end of placement	• Complete the Clinical Placement Assessment and return to Senior Programmes Officer • Collect service user/carer feedback (form provided)
All	By end of placement	Educator to complete: • Student's Clinical Record return to Student Helpdesk in Myddleton Building • Report of Clinical Progress with the student • Collect service user/carer feedback (form provided)

QUICK LIST ESSENTIALS FOR EDUCATOR & STUDENT

See appendix C for more information on the role and responsibilities of practice educators.

First day/week go through:

Induction	
Ground rules	
Supervision agreement	
Housekeeping	
Timetable	
Learning objectives (see appendix)	
Discuss **Fitness to Practice/Cause for concern (page 55& 74); i.e. are there any circumstances that might have an impact on the placement?**	

Mid way through placement:

Educator + Student go through Mid placement report of clinical progress on placement **(Page 23)** and mark together. Use this to set 3 specific targets for students 'Personal development plan' to work towards for remainder of placement	
Discuss any **Causes for concern**	

By end of placement:

Where appropriate complete **Student Video-Clinician's Confirmation** (Exam video only - appendix B)	
Complete **Student's Clinical Record** (appendix B)	
Complete 2nd **'Report of Clinical Progress'** (appendix B) form with the student	
(Clinical placement exam student) Educator to complete **'Clinical Placement Assessment' Form** (these will be sent separately) The student is awarded Pass or Fail for the placement	

Strategy for Reviewing Student's Progress on Placement

1. All students report on their clinical experiences through the clinical tutorial system.

2. Tutors contact all practice educators by email or phone to check the student's progress. This will usually happen in the first three weeks of the new placement. For this purpose a structured telephone interview or questionnaire will be used (see following page). This serves as an initial point of contact and to identify any support needs early on in the placement. This means that where there are problems, there is a flexibility clause that allows an early follow up visit, either live or video.

   Criteria that might trigger further action are:
   - Student expresses anxiety or concern about clinical placement
   - Practice educator expresses concern about student's clinical work
   - Clinical tutor is concerned about student's clinical work
   - Clinical placement/practice educator is new to City and a visit is required
   - Practice Educator is concerned about a student's professionalism – see cause for concern

3. Clinic visits are similar for the different year groups in that it is up to the educator, the tutor and the student about whether a live or video clinic visit should be undertaken. There are advantages and disadvantages to both but one type of visit is more appropriate for some environments or circumstances. It is essential that a student receive a live clinic visit at some point in his or her training so approximately half a tutorial group should be visited each year

The overall aim is to reduce the amount of support gradually and to promote the student's own problem-solving skills as s/he progresses through the course.

4. Certain clinical placements are supported by a link clinical tutor from our department who:
   - Has regular meetings with practice educators to facilitate student learning issues
   - Timetables visits
   - Feeds back to clinical tutors on individual student's progress

The 'Warning System for Alerting and Informing Students at Risk of Failing Practical Assessment and Resit Procedure for Clinical Placements' is in appendix B.

Students' reflective writing

Students are required to complete reflective logs each term, and hand in to their clinical tutor for feedback. They will be encouraged to share their logs with their peers in the intervening weeks, getting feedback from placement partners, tutorial group colleagues, and also 'marking' themselves.

Students will also be encouraged in the early weeks of the year, to formulate personal goals for their professional development, knowledge and clinical skills. They should then use the reflection opportunities to consider their progress towards those goals. Students may reflect on any aspect of their clinical learning but although they may like to share their reflections and goals with educators, the latter will not be required to give them assistance.

The reflective logs are not marked. Feedback should be formative, aimed at facilitating students' development in analytical and applied thinking. A distinction between reporting or descriptive writing, and reflection should be highlighted to the students. Models and examples will be made available to students and tutors.

FIRST TELEPHONE/ EMAIL INTERVIEW TO PRACTICE EDUCATOR

Student:	
Practice Educator:	
Clinical Placement Details:	
Date of phone call:	
How has the student started in this clinical placement? Have learning goals for the placement been discussed?	
Is the student making reasonable comments from their observations of you or other SLTs so far?	
What clinical experiences has the student had so far?	
Has the student carried out any specific tasks?	
Based on your observations of the student so far, how do you think s/he is doing?	
Does the student act in a professional manner?	
Do the student's skills match your expectations?	
How has the student responded to any feedback you have given?	
Has the student asked appropriate questions?	
Do you have any queries or concerns at this stage?	
Is there any more information you would like or any way I can help you with your planning for the student?	
AGREED ACTION:	**Follow up with live visit** **Follow up with video visit** **Follow up with telephone call** **Follow up with cause for concern** **Other** **No action needed**
Signature of Clinical Tutor:	**Date:**

3. INFORMATION ABOUT THE PROGRAMMES

Overview

The speech and language therapy programmes provide a relevant and contemporary course content, a structure that reflects a logical learning curve for the students, and a programme delivery which incorporates a variety of teaching methods, including case -based learning.

The department offers two qualifications in Speech and Language Therapy; a BSc(Hons) in Speech and Language Therapy and a Postgraduate Diploma/MSc. There is minimal shared teaching across the two programmes.

Curriculum Organisation and Learning Outcomes

Speech and Language Therapy programmes and awards at City have been designed to reflect academic and professional standards in relation to subject benchmark statements, the Framework for Higher Education Qualifications and to the Standards of Proficiency produced by the Health Professions Council. In 2006, Major Review gave the programmes the highest possible awards for academic and practitioner standards and the quality of the learning opportunities.

Information about the programmes is available through Programme Specifications on the University website. These specifications summarise information about the structure of the programmes, the regulations that apply, the aims and the learning outcomes and the methods. Since 2002, all programmes of study in the University have operated under a credit framework meaning that all qualifications carry a credit value and modules within programmes also bear credit.

An outline of the programmes content is described below:

Programme Outline

- Teaching takes place over three terms.
- Lecture based teaching finishes at the end of March.
- BSc4, BSc3 & BSc2 students complete their in-house Clinical Assessment at the end of March.
- Written examinations and the PG2 Clinical Assessment are in May after which students complete their final clinical placement of the year.
- PG1 students complete their in-house Clinical Assessment in July.
- BSc2, BSc3, PG1 & PG2 students gain their end of year clinical placement assessment in their final placement.
- Two or three clinical tutorials will be timetabled within the final summer placement.
- Students will be excused clinical placements in order to attend these.

Undergraduate Programme

Year Group	Non-Clinical Subjects:	Clinical Subjects:	Placements:	Placement Days and practical assessment times
Year 1 BSc	Audiology Acoustic & articulatory phonetics Linguistics Anatomy & physiology Life span development Social, cultural & disability issues Study skills	Professional Studies: Master classes, tutorials, placements	Clinical Skills Training Nursery Placements	Wednesdays Autumn & Spring No practical assessment
Year 2 BSc	The acquisition of speech and language skills Phonetics Normal development Neurology ENT	Speech, Communication and Swallowing Disabilities (SCSD): Voice and Laryngectomy Cerebral Palsy Dysfluency Child speech impairment Dysphagia Motor Speech Disorders Cleft Palate Professional Studies: master classes, tutorials, placements	Mixed developmental / acquired	Tuesdays /Wednesdays Autumn, Spring and Summer In-house assessment in March Clinical Placement Assessment at end of Summer
Year 3 BSc	Research Methods Language processing	Language, Cognition and Communication Disabilities (LCCD): Acquired Language impairments Developmental Language impairment Learning Disability Hearing Impairment Autism Mental health Professional Studies: master classes, tutorials, placements	Mixed developmental / acquired	Mondays/Fridays Autumn, Spring and Summer In-house assessment in March Clinical Placement Assessment at end of Summer
Year 4 BSc	Project Evidence based practice	Professional Studies: master classes, tutorials, placements	Mixed developmental / acquired	Spring Term Block of 7 weeks In-house and Clinical Placement Assessment at end of Spring

Postgraduate programme

Year 1 PG Dip/MSc	Linguistics Phonetics Normal development Anatomy & Physiology Neurology ENT	Speech, Communication and Swallowing Disabilities (SCSD) Voice and Laryngectomy Cerebral Palsy Dysfluency Child speech impairment Dysphagia Motor Speech Disorders Cleft Palate Professional Studies: master classes, tutorials, placements	Clinical Skills Training Nurseries Mixed developmental / acquired	Tuesdays /Wednesdays Spring and Summer In-house and Clinical Placement Assessment at end of Summer
Year 2 PG Dip/MSc	Research Methods Acoustic phonetics Audiology Language processing	Language, Cognition and Communication Disabilities (LCCD) Acquired Language impairments Developmental Language impairments Learning Disability Hearing Impairment Autism Mental Health Professional Studies: master classes, tutorials, placements	Mixed developmental / acquired	Mondays/Fridays Autumn, Spring and Summer In-house assessment May exam period Clinical Placement Assessment at end of Summer

Professional Studies Modules

Context

These modules are described in detail as they are most salient to clinical education. They consist of Master classes, the Clinical Tutorial programme and the Clinical Placement programme each year. In addition, the modules link with the Speech Swallowing and Communication Disabilities modules in terms of providing practically orientated sessions that explore the intervention and clinical management strategies in current practice around dysphagia and communication problems. Learning from non-clinical modules e.g. phonetics and linguistics is made explicit and integrated with bilingual and multicultural influences thread throughout.

Master class lectures are delivered to each year group separately.

The **Clinical Tutorials** provide small group teaching environments in which students can make more explicit links between the theoretical frameworks with which they are being presented and their clinical placement experience. Tutorial groups consist of 10-12 students and tutorials are held fortnightly for BSc2, BSc3, PG1 and PG2 groups and weekly in Spring term for BSc4s. Attendance at clinical tutorials is a compulsory part of the clinical training: clinical tutors are required to monitor and report on attendance.

The Clinical **Placement** adds the practical dimension to the Professional Studies Module in that it is here that a student can apply their knowledge and develop clinical skills under the guidance of their practice educator. Attendance at clinical placements is a compulsory part of the clinical training. Practice educators are asked to complete the Student Clinical Record form at the end of each term and return it to the relevant clinical tutor as well as the Clinical Placements Administrator through the student.

Learning objectives for Clinical Placements

The clinical placement provides the context in which the student can apply their knowledge whilst developing their key professional skills. The student's development of clinical skills is *not* tied to the type of client group within the placement; rather it is linked to a set of learning outcomes that have been identified for the year. The following tables show examples of these learning objectives, some of which will be met through direct experience in clinical settings, others through clinically based workshops and seminars.

PG Dip/MSc Learning Objectives for Clinical Placement

Focus	*PGDip/MSc* Year 1	*PGDip/MSc* Year 2
Clinical setting/ social context	Develop an understanding of different educational, health, social and welfare settings	Refine
Information gathering	Develop and extend interviewing and information gathering skills including observation skills Develop communication skills with service users and professional colleagues	Refine interviewing and information gathering skills
Observation and recording	Develop observation skills	Extend and refine
Assessment	Develop an understanding of formal and informal assessment skills Develop understanding of principles involved in the design and administration of a structured assessment Develop ability to administer and interpret structured assessment results	Extend and refine use of assessment skills Refine ability to interpret assessment results
Therapy	Develop a basic understanding of the role of the Speech & Language Therapist Develop intervention skills Develop an understanding of the components of therapy	Extend and refine intervention skills Extend and refine understanding of the components of therapy
Goal planning & outcome measurement	Develop understanding of how to plan long and short term goals and measure outcomes.	Extend and refine skills
Clinical administration	Develop and extend understanding of clinical administration and management	Refine skills
Self appraisal	Develop self appraisal techniques	Extend and refine self appraisal techniques Extend and refine professional development skills
Professional Roles	Develop professional role and communication skills	Extend and refine professional role and communication skills

BSc Learning Objectives for Clinical Placement

Focus	BSc Year 1	BSc Year 2	BSc Year 3	BSc Year 4
Clinical setting/ social context	Develop an understanding of different educational, health, social and welfare settings	Continue to develop these skills	Extend skills	Refine skills
Information gathering	Identify the skills of information gathering	Develop and extend interviewing and information gathering skills including observation skills Develop communication skills with service users and professional colleagues	Extend interviewing and information gathering skills	Refine interviewing and information gathering skills
Observation and recording	Develop observation skills	Continue to develop these skills	Extend observation skills	Refine observation skills
Assessment (and self appraisal for BSc4)	Develop an understanding of formal and informal assessment skills	Develop understanding of principles involved in the design and administration of a structured assessment Develop ability to administer and interpret structured assessment results	Extend use of assessment skills Extend ability to interpret assessment results	Refine and extend use of assessment skills Refine ability to monitor therapeutic interaction Refine the selection of appropriate tasks/ communication opportunities to explore clients' skills/needs
Therapy	Develop a basic understanding of the role of the Speech & Language Therapist	Develop intervention skills Develop an understanding of the components of therapy	Extend intervention skills Extend understanding of the components of therapy	Refine intervention skills Refine understanding of the components of therapy
Goal planning & outcome measurement		Develop understanding of how to plan long and short term gaols and measure outcomes.	Extend evaluation skills	Refine evaluation skills
Clinical documentation	Identify clinical documentation	Develop note and report writing skills	Extend note and report writing skills	Refine written professional communication skills
Clinical administration	Identify clinical administration	Develop understanding of clinical administration and management	Extend understanding of clinical administration and management	Refine understanding of clinical administration and management
Self appraisal	Develop self appraisal techniques	Develop self appraisal techniques	Extend self appraisal techniques	Refine self appraisal techniques
Professional Roles	Identify professional roles and communication skills	Develop professional role and communication skills	Extend understanding of professional role and communication skills	Refine identification of personal and professional strengths and development needs including communication skills.

Appendix A
Assessments

PROFESSIONAL STUDIES ASSESSMENT

CONFIDENTIALITY

The following statement directs students to their responsibilities and sets out the School's policy on confidentiality:

In all assessment work (coursework assignments, examinations, clinical assessment *(please see exception below)*, clinical profiles/workbooks etc.) you must comply with the following to protect confidentiality:

- All clients/patients, relatives, members of staff (except where assessors are required to sign their name) and peers are to be referred to by a pseudonym.
- The use of pseudonyms should be made explicit through a statement such as "Pseudonyms have been used in order to protect the confidentiality of the identity of individuals referred to in the assessment (except assessors who are required to sign their names)." **Personal details such as address, hospital number, G.P. etc. must <u>not</u> be given for any reason**.
- If the name of the work place or any personal details of any client/patient, relative, member of staff (except clinical assessors) or peer has been given in an assessment, this assessment will automatically be recorded as 0 for breach of confidentiality.

***Exception**: With assessments taking place in the clinical setting, the patients may be identified during discussions between student and assessor or lecturer if they have given consent to their case being used for the purpose of that assessment.*

<u>Assessments contributing to module marks</u>

The module assessment varies across year groups and programmes of study but there are broad areas of similarity. All groups carry out coursework in the form of portfolio tasks; all must pass, bar the Year 1 BSc students in-house and Clinical Placement practical assessments.

The principal differences between the programmes (BSc and PG DIP) and the years are described in terms of:

a) the expected learning outcomes for the group
b) the different pass marks for the BSc and The PG Dip/MSc

BSc PASS MARK (each section and overall) ***40%***
PG DIP PASS MARK (each section and overall) ***50%***

<u>The above pass marks apply to all coursework and all examinations</u>

Additional evaluation

Feedback is provided by practice educators to students and their clinical tutors at several stages in the academic year.

Students also receive Report(s) of Clinical Progress (see appendix B) from their Practice educator and reports from clinical tutors following video or 'live' visits. These evaluations are not marked but provide qualitative, formative feedback.

COURSEWORK

Clinical Portfolio: Task Requirements

Within all year groups, students are required to produce pieces of work as evidence of achieving the relevant learning outcomes.

All undergraduate students are required to complete 3 portfolio tasks. These are a combination of written and oral presentations.

Postgraduate students are required to complete two written portfolio tasks.

Please note:

1. The student is responsible for their completion.

2. The role of the practice educator is to discuss and agree the opportunities for completing the tasks with the student but is not otherwise responsible for their completion.

Further detail about specific tasks may be obtained from the student directly.

Aims of Clinical Portfolio

1. For students to demonstrate the ability to complete a range of tasks to the required standard of their clinical placements
2. For students to demonstrate the ability to relate theory to clinical practice
3. For students to demonstrate the ability to gather, analyse and report relevant clinical data
4. To facilitate breadth of clinical development
5. To encourage a reflective approach to clinical practice
6. for students to demonstrate their professional writing skills

CLINICAL ASSESSMENT: Assessment is in two parts:

1. Clinical Placement Assessment of clinical skills completed by the practice educator
***2*. In-house Clinical Assessment** video session, verbal report and viva

PART 1: CLINICAL PLACEMENT ASSESSMENT
For BSc2, BSc3, BSc4, PG1 and PG2:
This assessment takes place in the final term of the academic year or at the end of the Spring Block placement for Year 4 BSc. The practice educator and clinical tutor will discuss the student's clinical skills immediately following the end of the clinical placement and agree marks (Appendix 1: **Clinical Placement Assessment**)

PART 2: IN-HOUSE ASSESSMENT

BSc2, BSc3 and PG1 students:
Video presentation, verbal report and viva voce

Sections	Content of Each Section	Marks
Session Plan (Supplied but NOT marked)	Student submits a session plan for the intervention to be viewed in the video presentation.	
b) Implementing Intervention (Video no longer than 20 mins duration)	Tutors observe the student carrying out intervention and assess the evidence of component skills in the clinical session(s) (typically no more than three excerpts and no more than two individual clients).	40
c) Verbal Report: 15 minutes maximum	Having reflected on the video presentation, the student records her/his observations and summarises them in a structured report which the student then presents to the tutors. The report should include analysis of the intervention as well as critical self-evaluation (session plan; client's responses; use of therapeutic skills; suggestions for modification to current session plan; suggestions for next session and beyond)	30
d) Viva: 15 minutes	The tutors ask questions based on the viewed client session(s) and the student's own report. Aspects of relevant theory will be considered in the viva (15 mins).	30

Diagnostic Video
PGDip 2 and BSc 4 students

The purpose of the In-house Practical Assessment for PG Dip2 and BSc4 students is to assess their **diagnostic abilities**. Examiners will look at the student's use of the component skills as stated under the relevant sections of the 'Marking Scheme' below.

Each section is marked out of 100 and averaged.

Sections	Content of Each Section
1a. Written Report: Diagnostic Video	Having watched 1 video twice (between 10 and 15 minutes duration), the student records her/his observations then provides a summary of the presentation of the client, and provides written answers which relate to the assessment of the client and future management of the client. *(marked out of 100)*

Appendix B
Resources to be photocopied

REPORT OF CLINICAL PROGRESS ON PLACEMENT

The form for recording a student's progress is identical to the Clinical Placement Assessment which is completed in the student's assigned assessment placement. This is to ensure that students have a clear understanding of their clinical skills which should enable them to establish appropriate goals for development.

REPORT OF CLINICAL PROGRESS ON PLACEMENT
Department of Language and Communication Science
City University, London

This form is to be completed independently by a) the practice educator and b) the student midway and at the end of the placement where relevant. Clinician and student should meet to discuss their respective evaluations prior to one, jointly agreed form being sent to the student's clinical tutor.
This form is to be completed independently by a) the practice educator and b) the student **midway** and **at the end** of the placement where relevant.
The practice educator and student should meet to discuss their respective evaluations prior to one, jointly agreed form being sent to the student's clinical tutor.

Below is a cover sheet for all year groups.
As well as a Personal Development Plan for key skills areas for development to be recorded.

Please see the relevant year's placement assessment pages for the individual descriptors. (p26-47)

Please note that the descriptors are skills considered the student should have attained by the end of their assessed placement.
Formative feedback will take place at the midway and end point of each placement term and students may not necessarily be expected to be at a passing standard on all descriptors at the midpoint of a term/placement.

Guide to using the Report of Clinical Progress:
For all year group use the cover/summary sheet (p25) and PDP page (p26)
Then go to the relevant year group descriptors

- BSc2 p26
- BSc3 p33
- BSc4/PGDip2 p40
- PGDip1 p47

The instructions for the completion are on the first page of the descriptors for each year group.

For printable versions for individual year groups please go to the PMP HEI pages, Click on City, and then the Documents button on the right hand side of the screen

Report of Clinical Progress all Groups

PLACEMENT: **PRACTICE EDUCATOR NAME:**

STUDENT NAME: **YEAR:**

PLACEMENT TERM: **AUTUMN** **SPRING**

ASSESSMENT: **FORMATIVE**
(This form only)

COMPONENTS

1. Information Gathering, Observation and Assessment	**ACHIEVED**	**NOT ACHIEVED**
2. Planning intervention	**ACHIEVED**	**NOT ACHIEVED**
3. Delivering intervention	**ACHIEVED**	**NOT ACHIEVED**
4. Clinical Responsibility	**ACHIEVED**	**NOT ACHIEVED**
5. Professional communication, self-appraisal and personal development	**ACHIEVED**	**NOT ACHIEVED**
OVERALL	**ACHIEVED**	**NOT ACHIEVED**

PRACTICE EDUCATOR SIGNATURE: **STUDENT SIGNATURE (FORMATIVE ONLY):**

DATE: **DATE:**

Personal development plan (e.g. personal, professional, clinical skills)

Please suggest three key areas for development for the next stage of clinical practice

1.

2.

3.

Once completed this form should be returned to the student's clinical tutor

CLINICAL PLACEMENT ASSESSMENT DESCRIPTORS FOR BSc 2 STUDENTS

BSc2 students may fail one block only and pass overall. A pass for a block= 50% or more ticks in the pass section. If a student does not have an opportunity to complete a block or a criteria N/A is used.

1. Information Gathering, Observation and Assessment	**BSc 2 FAIL**	**BSc 2 PASS**	**NA**
1. Gathers appropriate information from clients and/or others (e.g. family, relevant others and services), and from written documentation (e.g. charts or reports) to develop client information profile	Despite direct instruction and support, incomplete or inadequate information gathered, with limited understanding of why the information is needed. Gathers information with too much or too little structure, without considering the needs or behaviours of others.	With direct instruction, student identifies relevant stakeholders, gathers information, formulates appropriate questions, and covers all areas.	
2. Carries out structured and theoretically driven observations of clients and/or others (including carers/ family, other individuals, and professionals) in relevant environments	Incomplete or inadequate observational information collected. Despite direct instruction, no reference to relevant research and evidence base to guide and interpret observations despite support given. Despite significant support, unable to integrate information from different sources.	Collects observational information in mostly structured manner, enabling judgements to be made regarding client/ others by student and educator. With direct instruction, uses research and evidence base to guide and interpret observations most of the time. With direct instruction, able to integrate information from different sources to understand broader picture.	
3. Takes accurate notes or records during information gathering, observation and assessment	Note taking and recording is incomplete or inadequate, with key aspects essential for safe client care omitted.	Note taking and recording is mostly adequate for safe client care.	
4. Formulates preliminary hypotheses (e.g. about client's skills & weaknesses or differential diagnosis) and identifies appropriate methods to test hypotheses (including further information gathering, observations or selecting appropriate assessments)	Despite instruction, unable to understand relevant or alternate hypotheses. Unable to analyse and critically evaluate information collected despite significant support. Misinterprets information. Unable to select assessments.	With direct instruction, understands relevant hypotheses (as guided by educator) and can identify some evidence to explain hypotheses. Analyses and critically evaluates the information collected with significant support. Chooses obvious relevant assessments to gather further information.	
5. Discusses rationales for information gathering, observations and assessment choices with others (client, carer, other professional) in a meaningful and relevant manner	Does not attempt to discuss rationales with others, makes no attempt to respond to questions about rationales or demonstrates limited ability to express these to others in an appropriate way. Does not ask for support when necessary.	With support, makes attempts to express rationales to others, makes attempts to answer questions about rationales. Asks for support when necessary. Responds to prompting to consider the needs and interests of others when expressing rationales.	
6. Administers both formal & informal assessments in a supportive & professional manner	Incorrect administration of formal assessments. Unable to administer informal assessment despite significant support.	Correct administration of formal assessments. Able to administer informal assessment with significant support.	

7. Draws conclusions (from information, observations & assessment data) and projects possible outcomes using research and evidence base	Despite direct instruction, unable to draw accurate conclusions about information gained. Unable to link research and evidence base to information gained.	Following direct instruction, can draw accurate conclusions about information gained, using research and evidence base where appropriate.	
8. Provides feedback on interpreted observations and assessment findings to clients, family members, carers, the MDT and others in a meaningful and accessible manner	Little or no attempt to give feedback on information gained.	Attempts to give feedback on information gained.	
9. Integrates findings with client's and/or other's priorities to identify appropriate goal areas	Despite direct instruction and support, unable to grasp the balance between findings and client's priorities, in order to generate goal areas. Goal areas may not demonstrate a link to information gained. Does not consider how to involve the service user despite direction given.	With direct instruction, understands the balance between findings and client's priorities in order to generate goal areas. With significant support, considers how to provide information to service users to enable them to make informed decisions.	
Comments:			

2. Planning intervention	BSc 2 FAIL	BSc 2 PASS	NA
1. Involves clients, carers, parents, statutory partners (e.g. health/social services/education) in the development of goals	Despite significant support, unable to identify relevant others or the need to involve others in developing goals.	With significant support, able to identify some relevant others and attempts to involve them in developing goals	
2. Devises logical therapy plan that incorporates short term goals leading to long term goals.	Despite significant support, written therapy plans do not incorporate short term goals that lead to long term goals	Requires minimal support to write a therapy plan that incorporates short term goals that lead to long term goals	
3. Formulates and expresses goals related to long and short term intervention (communication or eating and drinking) or communication enrichment goals that meet the clients' needs and fit with the ethos of the service	Despite significant support unable to consider clients' needs and the service's ethos when formulating goals for most clients	With some support, able to considers both clients' needs and the service's ethos when formulating goals for most clients	
4. Plans means of evaluating the effectiveness of speech and language therapy input (from the perspective of different people involved) e.g. outcome measurements, client and carer feedback	Despite support, unable to plan evaluation that is suitable for evaluating whether therapy has been effective	With significant support, able to plan adequate evaluation. May not consider a range of tools or people's views.	
5. Plans interesting intervention (e.g. 1:1, school programme, language enrichment) which is consistent with clients' needs and those of service, drawing on evidence based practice	Despite significant support, unable to plan interesting intervention which engages the client, and meets client's needs and those of service.	Plans interesting intervention which engages the client, and meets client's needs and those of the service.	
6. Modifies goals in light of client's performance or feedback from others	Despite significant support unable to modify goals in light of client's performance or feedback from others.	With support, able to modify goals in light of client's performance or feedback from others.	
7. Devises detailed and structured session plans.	Written session plans not clearly structured, content inappropriate and/or omits several key relevant sections in spite of support given.	Written session plans structured with basic detail and content mostly appropriate. Includes the majority of the following: explicit aims/goals and objectives, relevance to individual/group needs and/or service, rationales, facilitation methods, explanation of activities and materials used and methods for measurement of outcomes	
8. Realistic in expectations of what others (parents/carers/other health and educational professionals) can provide	Despite significant support, remains unrealistic in expectations of what other can provide.	With support, develops expectations of what other can provide.	

and considers this in intervention planning			
9. Plans intervention that is delivered by others e.g. therapy assistant, teaching assistant	Despite significant support, unable to plan appropriate intervention that can be delivered by others.	With significant support, plans appropriate intervention to be delivered by others.	
Comments:			

3. Delivering intervention	**BSc 2 FAIL**	**BSc 2 PASS**	**NA**
1. Builds a rapport with clients/carers/parents/service users/relevant others	Interacts in a manner which is not conducive to building rapport. This has an impact on delivery of intervention.	Mostly builds rapport effectively, allowing for productive interactions with clients, carers, etc.	
2. Explains communication/eating and drinking therapy or communication enrichment activities and their rationale to clients/carers/parents/service users/relevant others	Despite support, does not attempt to explain therapy/activities to client. Despite significant support, unable to adapt to the individuals' needs.	With support, attempts to explain activities/ therapy. With instruction, adapts to the needs of the individual – using visual/written materials etc. as needed.	
3. Follows a plan flexibly, taking into consideration client's motivation, emotional and physical needs	Unable to deliver planned therapy, or may stick to plan too rigidly, without taking the clients' needs into account.	Delivers planned therapy activities. Also able to make appropriate adaptations based on the clients' needs, some of the time.	
4. Facilitates communication of clients	No attempts to facilitate clients' communication. Despite support, fails to identify areas for improved facilitation.	Attempts to facilitate clients' communication but does not always select the appropriate type and degree of facilitation, and the appropriate time to facilitate. Requires support to identify areas for improved facilitation.	
5. Uses online decision making when delivering therapy	Unable to make decisions online, mainly sticking to a pre-determined plan or course of action and unable to reflect on this. Makes inappropriate online decisions.	Occasionally makes online decisions based on the clients' performance. Sometimes realizes that a decision needs to be made but needs time to think about it (i.e. not online). This informs future therapy planning.	
6. Paces intervention appropriately	Unable to pace intervention appropriately based on the client's needs or to reflect on this.	Sometimes able to gauge the pace of intervention and attempt to adapt to the varying needs of the client/s.	

7. Empowers carers/parents/service users/relevant others to support an individual's/group's communication and/or eating and drinking	Despite support, does not adequately carry out the work to empower relevant others. The student may focus exclusively on the direct intervention with the client.	With significant support, considers the role of 'others' in supporting the client. With direct instruction carries out appropriate steps to empower others, providing information, support and guidance.	
8. Uses a range of differential feedback techniques during and after sessions that is appropriate for client, parent, carer or professional	Little or no feedback given or feedback tends to be undifferentiated, primarily taking the form of generic positive reinforcement.	With support uses a range of feedback techniques which are sometimes successful in helping clients' (or others') ability to monitor and improve targeted skills.	
9. Modifies own interactions with clients, professionals, parents and carers	Despite modelling and instruction, tends to interact with a range of people in an undifferentiated way, without adapting to the needs of different people and/or to the changing needs of those individuals.	With modelling and direct instruction, modifies interactions appropriately requiring more support when dealing with more complex issues or situations (e.g. team meetings).	
10. Works as part of a team in delivering intervention to enhance communication, eating and drinking	Despite instruction, tends to work in isolation and requires prompting in order to involve other members of the team.	With instruction, usually works effectively as part of a team, drawing on others' expertise and sharing information appropriately.	
Comments:			

4. Clinical Responsibility	**BSc 2 FAIL**	**BSc 2 PASS**	**NA**
1. Takes responsibility for his/her own learning e.g. identifies learning needs/goals and identifies and undertakes reading drawing on evidence based practice and local policies	Despite prompting, does not take responsibility for his/her own learning.	Takes some responsibility for his/her own learning.	
2. Puts into practice an identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs	Does not put into practice identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs.	Requires some support to put into practice identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs .	
3. Organises own activities/materials and clinical time effectively	Despite significant support, unable to organise own activities/materials and clinical time effectively.	Requires some support to organise own activities/materials and clinical time effectively.	
4. Fulfils all administrative and other	Despite significant support, unable to fulfil	Requires significant support, and instruction to be able to	

assigned responsibilities (e.g. key worker responsibilities, audits, projects, health promotion, resource creation)	administrative and other assigned responsibilities.	fulfil administrative and other assigned responsibilities.	
5. Documents assessment results; keeps qualitative and quantitative progress notes; produces written reports/correspondence in accordance with the placement and HPC guidelines. Notes and reports include an analysis of observations/assessment/therapy.	Despite significant support assessment results, progress notes and written reports/ correspondence not kept or not written in accordance with the placement and HPC guidelines. Notes and reports do not include an analysis of observations/ assessment/ therapy.	With direct instruction and support, assessment results, progress notes and written reports/ correspondence kept and written in accordance with the placement and HPC guidelines. Notes and reports include an analysis of observations/ assessment/ therapy.	
6. Works in partnership with other professionals, support staff, service users, relatives, carers and other students	Despite direct instruction, unable to successfully work in partnership with other professionals, support staff, service users, relatives, carers and other students.	With direct instruction, able to successfully work in partnership with other professionals, support staff, service users, relatives, carers and other students most of the time.	
7. Demonstrates understanding of different roles within the teams and the overlap/boundaries between these roles.	Despite significant support, does not understand different roles within the teams and the overlap/boundaries between these roles.	With significant support, demonstrates understanding of different roles within the teams and the overlap/boundaries between these roles.	
Comments:			

5. Professional communication, self-appraisal and personal development	**BSc 2 FAIL**	**BSc 2 PASS**	**NA**
1. Liaises with colleagues, family members and carers.	Despite instruction, makes no attempt to liaise with relevant others; is highly inappropriate in attempts to do so or needs excessive encouragement and support to liaise with others.	With direct instruction and modelling, liaises with relevant others, in professional and appropriate manner.	
2. Engages in professional discussion about clients.	Despite prompting, makes few or no attempts to discuss clients. Student may have serious misunderstandings about clients or discuss clients in an inappropriate manner.	With some prompting, appropriately discusses clients' in a professional manner.	
3. Engages in open discussion about own learning needs and development using concrete examples and evidence of progress as part of a personal development plan.	Unable to discuss own performance or development or is not able to make accurate appraisal of their performance even with significant support e.g. does not bring goals to the start of the placement; is unable to reflect on performance objectively; may make general claims about their performance without backing these up with specific examples; is unprofessional in their discussions or unable to think of strategies to further their development.	With some support/ prompting, discusses own learning and development needs. Sometimes provides balanced objective self-appraisal, drawing on specific examples to support reflection. With some support, able to self-generate some strategies to address identified needs and further their development.	
4. Shows initiative in following up ideas, accessing further information and resources in relation to identified development needs.	Makes few or no attempts to follow up ideas/suggestions, or requires direct instruction to do so.	With minimal support, follows up ideas/information following discussion with practice educator. With support, able to self-generate some ideas to guide further development or understanding.	
Comments:			

CLINICAL PLACEMENT ASSESSMENT DESCRIPTORS FOR BSc 3 STUDENTS

BSc3 students may fail one block only and pass overall. A pass for a block= 50% or more ticks in the pass section. If a student does not have an opportunity to complete a block or a criteria N/A is used.

1. Information Gathering, Observation and Assessment	**BSc 3 FAIL**	**BSc 3 PASS**	**NA**
1. Gathers appropriate information from clients and/or others (e.g. family, relevant others and services), and from written documentation (e.g. charts or reports) to develop client information profile	Incomplete or inadequate information gathered, with limited understanding of why the information is needed. Gathers information with too much or too little structure, without considering the needs or behaviours of others.	With some support identifies the relevant stakeholders to gather information from, and relevant clinical aspects to enquire about. Responsive to others' needs most of the time.	
2. Carries out structured and theoretically driven observations of clients and/or others (including carers/ family, other individuals, and professionals) in relevant environments	Incomplete or inadequate observational information collected. No reference to relevant research and evidence base to guide and interpret observations despite support given. Needs significant support to integrate information from different sources.	Collects observational information in mostly an organised and logical manner, enabling student/educator to make judgements regarding client/ others. With support uses research and evidence base to guide and interpret observations most of the time. With support able to integrate information from different sources to understand broader picture.	
3. Takes accurate notes or records during information gathering, observation and assessment	Note taking and recording is incomplete or inadequate, with key aspects essential for safe client care omitted. Record keeping is not contemporaneous.	Note taking and recording is mostly complete and adequate for safe client care.	
4. Formulates preliminary hypotheses (e.g. about client's skills & weaknesses or differential diagnosis) and identifies appropriate methods to test hypotheses (including further information gathering, observations or selecting appropriate assessments)	Suggests hypotheses without a clear rationale. Unable to analyse and critically evaluate information collected despite support given. Misinterprets information. Needs significant support to choose relevant assessment.	Suggests possible and appropriate hypotheses with some support, using evidence to justify claims. Analyses and critically evaluates the information collected with some support. Chooses obvious relevant assessments to test hypotheses with support.	
5. Discusses rationales for information gathering, observations and assessment choices with others (client, carer, other professional) in a meaningful and relevant manner	Does not discuss rationales with others or makes no attempt to respond to questions about rationales and demonstrates limited ability to express these to others in an appropriate way. Does not ask for support when necessary.	Makes attempts to express rationales to others, makes attempts to answer questions about rationales and asks for support when necessary. Considers the needs and interests of others when discussing rationales, and uses these when sharing information.	
6. Administers both formal & informal assessments in a supportive & professional manner	Incorrect administration of formal assessment, affecting the results gained despite significant support given. Unaware of need for representative unbiased information. Unable to administer informal assessment despite significant support.	Correct administration of formal assessment, and responsive to client's needs during assessment with support. Able to administer informal assessment with support.	

7. Draws conclusions (from information, observations & assessment data) and projects possible outcomes using research and evidence base	Despite significant support, unable to draw appropriate conclusions and outcomes. Needs significant support to link research and evidence base to information gained.	Requires some support to draw accurate conclusions about information gained, using research and evidence base where appropriate.	
8. Provides feedback on interpreted observations and assessment findings to clients, family members, carers, the MDT and others in a meaningful and accessible manner	Gives unclear, ambiguous, or inaccurate feedback on information gained despite support given. Needs significant support and advice on how to select and present feedback to relevant others.	Gives feedback on information gained, considering the needs and interests of others when doing so with some support.	
9. Ability to integrate findings with client's and/or other's priorities to identify appropriate goal areas	Requires significant support in order to integrate findings with client's and/or other's priorities to identify appropriate goal areas. Goal areas may not demonstrate a link to information gained. Does not consider how to involve the service user despite support given.	Requires support in order to appropriately balance client's priorities with own findings to generate goal areas. With support considers how to provide information to service users to enable them to make informed decisions.	
Comments:			

2. Planning intervention	**BSc 3 FAIL**	**BSc 3 PASS**	**NA**
1. Involves clients, carers, parents, statutory partners (e.g. health/social services/education) in the development of goals	Despite significant support unable to identify relevant others or understand the need to involve others in developing goals.	With support able to identify some relevant others and attempts to involve them in the development of goals	
2. Devises logical therapy plan that incorporates short term goals leading to long term goals.	Written therapy plans do not incorporate short term goals that lead to long term goals despite significant support	Requires minimal support to write a therapy plan that incorporated short term goals that lead to long term goals	
3. Formulates and expresses goals related to long and short term intervention (communication or eating and drinking) or	Despite significant support unable to consider clients' needs and service's ethos when formulating goals for most clients	With some support able to consider clients' needs as well as service's ethos when formulating goals for most clients	

communication enrichment goals that meet the clients' needs and fit with the ethos of the service			
4. Plans means of evaluating the effectiveness of speech and language therapy input (from the perspective of different people involved) e.g. outcome measurements, client and carer feedback	Despite support, unable to plan evaluation that is suitable for evaluating whether therapy has been effective	With support able to plan evaluation that is adequate but limited and does not consider a range of tools or people's views.	
5. Plans interesting intervention (e.g. 1:1, school programme, language enrichment) which is consistent with clients' needs and those of service, drawing on evidence based practice	Despite significant support, unable to plan interesting intervention which meets client's needs and those of service, drawing on evidence based practice	With some support, able to plan interesting intervention which meets client's needs and those of the service, drawing on evidence based practice	
6. Modifies goals in light of client's performance or feedback from others	Despite significant support unable to modify goals in light of client's performance or feedback from others	With some support, able to modify goals in light of client's performance or feedback from others	
7. Devises detailed and structured session plans.	Written session plans not clearly structured, content inappropriate and/or omits several key relevant sections in spite of support given	Written session plans structured with basic detail and content mostly appropriate. Includes the majority of the following: explicit aims/goals and objectives, relevance to individual/group needs and/or service, rationales, facilitation methods, explanation of activities and materials used and methods for measurement of outcomes	
8. Realistic in expectations of what others (parents/carers/other health and educational professionals) can provide and considers this in intervention planning	Despite significant support remains unrealistic in expectations of what others (parents/carers/other health and educational professionals) can provide and does not consider this in intervention planning	With support develops realistic expectations of what others (parents/carers/other health and educational professionals) can provide and considers this in intervention planning	
9. Plans intervention that is delivered by others e.g. therapy assistant, teaching assistant	Despite significant support, unable to plan appropriate intervention that can be delivered by others	With some support able to plan appropriate intervention that was delivered by others	
Comments:			

3. Delivering intervention	BSc 3 FAIL	BSc 3 PASS	NA
1. Builds a rapport with clients/carers/parents/service users/relevant others	Interacts in a manner which is not conducive to building rapport. This has an impact on delivery of intervention.	Mostly builds rapport effectively, allowing for productive interactions with clients, carers, etc.	
2. Explains communication/eating and drinking therapy or communication enrichment activities and their rationale to clients/carers/parents/service users/relevant others	Makes no attempts to explain therapy/activities to client. Despite significant support unable to adapt to the individuals' needs when providing explanations.	Explains activities/ therapy clearly with support. With support is able to adapt to the needs of the individual – using visual/written materials etc. as needed.	
3. Follows a plan flexibly, taking into consideration client's motivation, emotional and physical needs	Does not follow a plan effectively. Where planning has taken place, may stick to plan too rigidly, without taking the clients' needs into account.	Is able to deliver planned therapy activities. Also able to make appropriate adaptations based on the clients' needs, most of the time.	
4. Facilitates communication of clients	Few or no attempts to facilitate clients' communication.. Required considerable support to identify areas for improved facilitation.	Attempts to facilitate clients' communication but does not always select the appropriate type and degree of facilitation, and the appropriate time to facilitate. Requires support to identify areas for improved facilitation.	
5. Uses online decision making when delivering therapy	Unable to make decisions online, mainly sticking to a pre-determined plan or course of action and unable to reflect on this. Makes inappropriate online decisions.	Sometimes makes online decisions based on the clients' performance. Sometimes realizes that a decision needs to be made but needs time to think about it (i.e. not online). This informs future therapy planning.	
6. Paces intervention appropriately	Does not pace intervention appropriately based on the client's needs and is unable to reflect on this.	With support able to gauge the pace of intervention appropriately, clearly adapting to the varying needs of the client/s.	
7. Empowers carers/parents/service users/relevant others to support an individual's/group's communication and/or eating and drinking	Despite support, does not adequately carry out the work to empower relevant others. The student may focus exclusively on the direct intervention with the client.	With support considers the role of 'others' in supporting the client. With support carries out appropriate steps to empower others, providing information, support and guidance. Sometimes needs support to identify best ways to do so for more complex scenarios.	
8. Uses a range of differential feedback techniques during and after sessions that is appropriate for client, parent, carer or professional	Feedback tends to be undifferentiated, primarily taking the form of generic positive reinforcement. May attempt to give differential feedback, but is not usually successful at increasing clients' (or others') monitoring of targeted skills.	With support uses a range of feedback techniques which successfully helps clients' (or others') ability to monitor and improve targeted skills.	
9. Modifies own interactions with clients, professionals, parents and carers	Tends to interact with a range of people in an undifferentiated way, without adapting to the	With some support modifies interactions appropriately requiring more support when dealing with more complex	

	needs of different people and/or to the changing needs of those individuals.	issues or situations (e.g. team meetings).	
10. Works as part of a team in delivering intervention to enhance communication, eating and drinking	Tends to work in isolation and requires prompting in order to involve other members of the team.	Usually works effectively as part of a team, drawing on others' expertise and sharing information appropriately. May occasionally require prompting in order to do so.	
Comments:			

4. Clinical Responsibility	BSc 3 FAIL	BSc 3 PASS	NA
1. Takes responsibility for his/her own learning e.g. identifies learning needs/goals and identifies and undertakes reading drawing on evidence based practice and local policies	Despite prompting does not take responsibility for his/her own learning	Takes responsibility for his/her own learning	
2. Puts into practice an identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs	Does not put into practice identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs	Puts into practice identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs most of the time	
3. Organises own activities/materials and clinical time effectively	Despite significant support unable to organise own activities/materials and clinical time effectively	Requires some support to organise own activities/materials and clinical time effectively	
4. Fulfils all administrative and other assigned responsibilities (e.g. key worker responsibilities, audits, projects, health promotion, resource creation)	Despite significant support unable to fulfil administrative and other assigned responsibilities	Requires some support to be able to fulfil administrative and other assigned responsibilities	
5. Documents assessment results; keeps qualitative and quantitative progress notes; produces written reports/correspondence in accordance with the placement and HPC guidelines. Notes and reports include an analysis of observations/assessment/therapy.	Assessment results, progress notes and written reports/correspondance not kept or not written in accordance with the placement and HPC guidelines. Notes and reports do not include an analysis of observations/assessment/therapy.	Assessment results, progress notes and written reports/correspondance kept and written in accordance with the placement and HPC guidelines. Notes and reports include an analysis of observations/assessment/therapy	
6. Works in partnership with other professionals, support staff, service users, relatives, carers and other students	Unable to successfully work in partnership with other professionals, support staff, service users, relatives, carers and other students	Able to successfully work in partnership with other professionals, support staff, service users, relatives, carers and other students most of the time	
7. Demonstrates understanding of different roles within the teams and the overlap/boundaries between these roles.	Despite support does not understand different roles within the teams and the overlap/boundaries between these roles.	With some support demonstrates understanding of different roles within the teams and the overlap/boundaries between these roles.	
Comments:			

5. Professional communication, self-appraisal and personal development	**BSc 3 FAIL**	**BSc 3 PASS**	**NA**
5. Liaises with colleagues, family members and carers.	Makes no attempt to liaise with relevant others; is highly inappropriate in attempts to do so or needs excessive encouragement and support to liaise with others.	Student liaises with relevant others with support, in professional and appropriate manner.	
6. Engages in professional discussion about clients.	Student makes few or no attempts to discuss clients. They may have serious misunderstandings about clients or discusses clients in an inappropriate manner.	Student appropriately discusses clients' in a professional manner.	
7. Engages in open discussion about own learning needs and development using concrete examples and evidence of progress as part of a personal development plan.	Student is unable to discuss own performance or development or is not able to make accurate appraisal of their performance even with significant support e.g. student does not bring goals to the start of the placement; is unable to reflect on performance objectively; may make general claims about their performance without backing these up with specific examples; is unprofessional in their discussions or unable to think of strategies to further their development.	Student usually takes initiative in discussing own learning and development needs. They provide balanced objective self-appraisal, drawing on specific examples to support reflection. Students are able to self-generate some strategies to address identified needs and further their development.	
8. Shows initiative in following up ideas, accessing further information and resources in relation to identified development needs.	Student makes few or no attempts to follow up ideas/suggestions or requires a lot of support to do so.	With minimal support student follows up ideas/information following discussion with clinical educator. With minimal support the student is able to self-generate some ideas to guide further development or understanding.	
Comments:			

CLINICAL PLACEMENT ASSESSMENT DESCRIPTORS FOR QUALIFYING STUDENTS (BSc 4 & PgDip 2)

Qualifying students must obtain a pass in all blocks. Non-qualifying students mail fail one block only and pass overall. A pass for a block = 50% or more ticks in qualifying standard section. If a student does not have an opportunity to complete a block or a criteria N/A is used.

1. Information Gathering, Observation and Assessment	**FAIL**	**PASS**	**NA**
1. Gathers appropriate information from clients and/or others (e.g. family, relevant others and services), and from written documentation (e.g. charts or reports) to develop client information profile	Incomplete or inadequate information gathered, with limited understanding of why the information is needed. Gathers information with too much or too little structure, without considering the needs or behaviours of others.	Identifies the relevant stakeholders to gather information from, and relevant clinical aspects to enquire about. Responsive to others' needs most of the time.	
2. Carries out structured and theoretically driven observations of clients and/or others (including carers/ family, other individuals, and professionals) in relevant environments	Collects observational information, but does so in a manner that makes conclusive judgements about client/ others difficult to make. No or limited reference to research and evidence base to guide and interpret observations. Needs significant support to integrate information from different sources.	Collects observational information in an organised and logical manner, enabling judgements to be made regarding client/ others. Uses research and evidence base to guide and interpret observations most of the time. Able to integrate information from different sources to understand broader picture.	
3. Takes accurate notes or records during information gathering, observation and assessment	Note taking and recording is incomplete or inadequate, with key aspects essential for safe client care omitted. Record keeping is not contemporaneous.	Note taking and recording is complete and adequate for safe client care.	
4. Formulates preliminary hypotheses (e.g. about client's skills & weaknesses or differential diagnosis) and identifies appropriate methods to test hypotheses (including further information gathering, observations or selecting appropriate assessments)	Suggests hypotheses which are inaccurate or indecisive. Unable to analyse and critically evaluate information collected independently. Misinterprets information. Needs significant support to choose relevant assessment.	Suggests possible and appropriate hypotheses, using evidence to justify claims. Analyses and critically evaluates the information collected. Chooses obvious relevant assessments to test hypotheses.	
5. Discusses rationales for information gathering, observations and assessment choices with others (client, carer, other professional) in a meaningful and relevant manner	Does not demonstrate understanding of own rationales. Does not discuss rationales with others, does not appropriately respond to questions about rationales or demonstrates limited ability to express these to others in an appropriate way, so that they satisfactorily understand the purpose of what they (others) are currently engaged in.	Demonstrates understanding of own rationales. Clearly expresses rationales to others and is able to appropriately answer questions about rationales. Considers the needs and interests of others when discussing rationales, and uses these when sharing information.	
6. Administers both formal & informal assessments in a supportive & professional manner	Incorrect administration of formal assessment, affecting the results gained. Unaware of need for representative unbiased information. Attempts informal assessment, but inconclusive information gained due to administration or choice of stimuli.	Correct administration of formal assessment, and responsive to client's needs during assessment. Able to administer informal assessment in an informative manner.	
7. Draws conclusions (from information, observations & assessment data) and	Requires significant support to draw appropriate conclusions and outcomes. Needs significant support to	Requires some support to draw accurate conclusions about information gained, using	

projects possible outcomes using research and evidence base	link research and evidence base to information gained.	research and evidence base where appropriate.	
8. Provides feedback on interpreted observations and assessment findings to clients, family members, carers, the MDT and others in a meaningful and accessible manner	Gives unclear, ambiguous, or inaccurate feedback on information gained. Needs significant support and advice on how to select and present feedback to relevant others.	Gives clear feedback on information gained, considering the needs and interests of others when doing so. Is selective in giving feedback, identifying others' information needs. Client or others demonstrate satisfactory understanding of feedback.	
9. Ability to integrate findings with client's and/or other's priorities to identify appropriate goal areas	Requires significant support in order to integrate findings with client's and/or other's priorities to identify appropriate goal areas. Goal areas may not demonstrate a link to information gained. Does not consider how to involve the service user.	Requires minimal support in order to appropriately balance client's priorities with own findings to generate goal areas. Considers how to provide information to service users to enable them to make informed decisions.	
Comments:			

2. Planning intervention	**FAIL**	**PASS**	**NA**
1. Involves clients, carers, parents, statutory partners (e.g. health/social services/education) in the development of goals	With significant support, able to identify some relevant others but no attempts made to involve them in the development of goals.	With some support, able to identify some relevant others and attempts to involve them in the development of goals.	
2. Devises logical therapy plan that incorporates short term goals leading to long term goals.	Written therapy plans do not incorporate short term goals that lead to long term goals despite significant support.	Requires minimal support to write a therapy plan that incorporated short term goals that lead to long term goals.	
3. Formulates and expresses goals related to long and short term intervention (communication or eating and drinking) or communication enrichment goals that meet the clients' needs and fit with the ethos of the service	With significant support, able to consider clients' needs and service's ethos when formulating goals for most clients	With some support, able to consider clients' needs and service's ethos when formulating goals for most clients	

4. Plans means of evaluating the effectiveness of speech and language therapy input (from the perspective of different people involved) e.g. outcome measurements, client and carer feedback	Unable to plan evaluation that is suitable for evaluating whether therapy has been effective.	Able to plan evaluation that is adequate but limited and does not consider a range of tools or people's views; some support required.	
5. Plans interesting intervention (e.g. 1:1, school programme, language enrichment) which is consistent with clients' needs and those of service, drawing on evidence based practice	Despite significant support, unable to plan interesting intervention which meets client's needs and those of service, drawing on evidence based practice.	With some support, able to plan interesting intervention which meets client's needs and those of the service, drawing on evidence based practice.	
6. Modifies goals in light of client's performance or feedback from others	Despite significant support, unable to modify goals in light of client's performance or feedback from others.	With minimal support, able to modify goals in light of client's performance or feedback from others	
7. Devises detailed and structured session plans.	Written session plans not clearly structured, content inappropriate and/or omits several key relevant sections in spite of support given	Written session plans structured with basic detail and content mostly appropriate. Includes the majority of the following: explicit aims/goals and objectives, relevance to individual/group needs and/or service, rationales, facilitation methods, explanation of activities and materials used and methods for measurement of outcomes.	
8. Realistic in expectations of what others (parents/carers/other health and educational professionals) can provide and considers this in intervention planning	Unrealistic in expectations of what others (parents/carers/other health and educational professionals) can provide and does not consider this in intervention planning.	Realistic in expectations of what others (parents/carers/other health and educational professionals) can provide and considers this in intervention planning.	
9. Plans intervention that is delivered by others e.g. therapy assistant, teaching assistant	Despite significant support, unable to plan appropriate intervention that can be delivered by others.	With minimal support able to plan appropriate intervention to be delivered by others.	
Comments:			

3. Delivering intervention	FAIL	PASS	NA
1. Builds a rapport with clients/carers/parents/service users/relevant others	Interacts in a manner which is not conducive to building rapport. This has an impact on delivery of intervention.	Mostly builds rapport effectively, allowing for productive interactions with clients, carers, etc.	
2. Explains communication/eating and drinking therapy or communication enrichment activities and their rationale to clients/carers/parents/service users/relevant others	Makes attempts to explain therapy/activities to client, but is not always successful. Not always able to adapt to the individuals' needs in providing explanations.	Explains activities/ therapy clearly most of the time. Is usually able to adapt to the needs of the individual – using visual/written materials etc. as needed.	
3. Follows a plan flexibly, taking into consideration client's motivation, emotional and physical needs	Does not follow a plan effectively. Where planning has taken place, may stick to plan too rigidly, without taking the clients' needs into account.	Is able to deliver planned therapy activities. Also able to make appropriate adaptations based on the clients' needs, most of the time.	
4. Facilitates communication of clients	Attempts to facilitate clients' communication but does not always select the appropriate type or degree of facilitation or the right timing to facilitate. Required considerable support to identify areas for improved facilitation.	Most of the time facilitates clients' communication effectively, selecting the appropriate type and degree of facilitation, and the appropriate time to facilitate. Requires minimal support to identify areas for improved facilitation.	
5. Uses online decision making when delivering therapy.	Unable to make decisions online, mainly sticking to a pre-determined plan or course of action. Makes inappropriate online decisions.	Often makes online decisions based on the clients' performance. Sometimes realizes that a decision needs to be made but needs time to think about it (i.e. not online). This informs future therapy planning.	
6. Paces intervention appropriately	Does not pace of intervention appropriately based on the client's needs.	Usually able to gauge the pace of intervention appropriately, clearly adapting to the varying needs of the client/s.	
7. Empowers carers/parents/service users/relevant others to support an individual's/group's communication and/or eating and drinking	Does not adequately carry out the work to empower relevant others. The student may focus exclusively on the direct intervention with the client or attempt to work with 'others', but failing to do so successfully.	Always considers the role of 'others' in supporting the client. Carries out appropriate steps to empower others, providing information, support and guidance. Sometimes needs support to identify best ways to do so for individual "others".	
8. Uses a range of differential feedback techniques during and after sessions that is appropriate for client, parent, carer or professional	Feedback tends to be undifferentiated, primarily taking the form of generic positive reinforcement. May attempt to give differential feedback, but is not usually successful at increasing clients' (or others') monitoring of targeted skills.	Uses a range of feedback techniques which successfully helps clients' (or others') ability to monitor and improve targeted skills.	

9. Modifies own interactions with clients, professionals, parents and carers	Tends to interact with a range of people in an undifferentiated way, without adapting to the needs of different people and/or to the changing needs of those individuals.	Modifies interactions appropriately requiring some support when dealing with more complex issues or situations (e.g. team meetings).	
10. Works as part of a team in delivering intervention to enhance communication, eating and drinking	Tends to work in isolation and requires prompting in order to involve other members of the team.	Usually works effectively as part of a team, drawing on others' expertise and sharing information appropriately. May occasionally require prompting in order to do so.	
Comments:			

4. Clinical Responsibility	**FAIL**	**PASS**	**NA**
1. Takes responsibility for his/her own learning e.g. identifies learning needs/goals and identifies and undertakes reading drawing on evidence based practice and local policies	Despite prompting, does not take responsibility for his/her own learning.	Takes responsibility for his/her own learning.	
2. Puts into practice an identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs	Occasionally puts into practice identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs.	Puts into practice identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs most of the time.	
3. Organises own activities/materials and clinical time effectively	Despite significant support unable to organise own activities/materials and clinical time effectively.	Requires some support to organise own activities/materials and clinical time effectively.	
4. Fulfils all administrative and other assigned responsibilities (e.g. key worker responsibilities, audits, projects, health promotion, resource creation)	Despite significant support unable to fulfil administrative and other assigned responsibilities.	Requires some support to be able to fulfil administrative and other assigned responsibilities.	
5. Documents assessment results; keeps qualitative and quantitative progress notes; produces written reports/correspondence in accordance with the placement and HPC guidelines. Notes and reports include an analysis of observations/assessment/therapy.	Assessment results, progress notes and written reports/correspondence not kept or not written in accordance with the placement and HPC guidelines. Notes and reports do not include an analysis of observations/ assessment/ therapy.	Assessment results, progress notes and written reports/correspondence kept and written in accordance with the placement and HPC guidelines. Notes and reports include an analysis of observations/ assessment/ therapy	
6. Works in partnership with other professionals, support staff, service users, relatives, carers and other students	Unable to successfully work in partnership with other professionals, support staff, service users, relatives, carers and other students.	Able to successfully work in partnership with other professionals, support staff, service users, relatives, carers and other students most of the time.	
7. Demonstrates understanding of different roles within the teams and the overlap/boundaries between these roles.	Despite support does not understand different roles within the teams and the overlap/boundaries between these roles.	Demonstrates understanding of different roles within the teams and the overlap/boundaries between these roles.	
Comments:			

5. Professional communication, self-appraisal and personal development	**FAIL**	**PASS**	**NA**
1. Liaises with colleagues, family members and carers.	Makes no attempt to liaise with relevant others; is highly inappropriate in attempts to do so or needs excessive encouragement and support to liaise with others.	Liaises with relevant others without support, in professional and appropriate manner.	
2. Engages in professional discussion about clients.	Makes few or no attempts to discuss clients. They may have serious misunderstandings about clients or discusses clients in an inappropriate manner.	Appropriately discusses clients in a professional manner.	
3. Engages in open discussion about own learning needs and development using concrete examples and evidence of progress as part of a personal development plan.	Unable to discuss own performance or development or is not able to make accurate appraisal of their performance. E.g. does not bring goals to the start of the placement; is unable to reflect on performance objectively; may make general claims about their performance without backing these up with specific examples; is unprofessional in their discussions or unable to think of strategies to further their development.	Takes initiative in discussing own learning and development needs. Provides balanced objective self-appraisal, drawing on specific examples to support reflection. Able to self-generate some strategies to address identified needs and further their development.	
4. Shows initiative in following up ideas, accessing further information and resources in relation to identified development needs.	Makes few or no attempts to follow up ideas/suggestions or requires a lot of support to do so.	Independently follows up ideas/information following discussion with clinical educator. Able to self-generate some ideas to guide further development or understanding.	
Comments:			

CLINICAL PLACEMENT ASSESSMENT DESCRIPTORS FOR PgDip 1 STUDENTS

PG1 students may fail one block only and pass overall. A pass for a block = 50% or more ticks in the pass section. If a student does not have an opportunity to complete a block or a criteria N/A is used.

1. Information Gathering, Observation and Assessment	**FAIL**	**PASS**	**NA**
1. Gathers appropriate information from clients and/or others (e.g. family, relevant others and services), and from written documentation (e.g. charts or reports) to develop client information profile	Incomplete or inadequate information gathered, with limited understanding of why the information is needed. Gathers information with too much or too little structure, without considering the needs or behaviours of others.	With some support identifies the relevant stakeholders to gather information from, and relevant clinical aspects to enquire about. Responsive to others' needs most of the time.	
2. Carries out structured and theoretically driven observations of clients and/or others (including carers/ family, other individuals, and professionals) in relevant environments	Incomplete or inadequate observational information collected. No reference to relevant research and evidence base to guide and interpret observations despite support given. Needs significant support to integrate information from different sources.	Collects observational information in mostly an organised and logical manner, enabling judgements to be made regarding client/others by student and educator. With support uses research and evidence base to guide and interpret observations most of the time. With support able to integrate information from different sources to understand broader picture.	
3. Takes accurate notes or records during information gathering, observation and assessment	Note taking and recording is incomplete or inadequate, with key aspects essential for safe client care omitted. Record keeping is not contemporaneous.	Note taking and recording is mostly complete and adequate for safe client care.	
4. Formulates preliminary hypotheses (e.g. about client's skills & weaknesses or differential diagnosis) and identifies appropriate methods to test hypotheses (including further information gathering, observations or selecting appropriate assessments)	Suggests hypotheses without a clear rationale. Unable to analyse and critically evaluate information collected despite significant support given. Misinterprets information. Needs significant support to choose relevant assessment.	Suggests possible and appropriate hypotheses with some support, using evidence to justify claims. Analyses and critically evaluates the information collected with some support. Chooses obvious relevant assessments to test hypotheses with support.	
5. Discusses rationales for information gathering, observations and assessment choices with others (client, carer, other professional) in a meaningful and relevant manner	Does not discuss rationales with others, makes no attempt to respond to questions about rationales or demonstrates limited ability to express these to others in an appropriate way. Does not ask for support when necessary.	Makes attempts to express rationales to others, makes attempts to answer questions about rationales and asks for support when necessary. Responds to prompting to consider the needs and interests of others when discussing rationales, and uses these when sharing information.	
6. Administers both formal & informal assessments in a supportive & professional manner	Incorrect administration of formal assessment, affecting the results gained despite significant support given. Unaware of need for representative unbiased information. Unable to administer informal assessment despite	Correct administration of formal assessment, and responsive to client's needs during assessment with support. Able to administer informal assessment with support.	

	significant support.		
7. Draws conclusions (from information, observations & assessment data) and projects possible outcomes using research and evidence base	Despite significant support unable to draw appropriate conclusions and outcomes. Needs significant support to link research and evidence base to information gained.	Requires some support to draw accurate conclusions about information gained, using research and evidence base where appropriate.	
8. Provides feedback on interpreted observations and assessment findings to clients, family members, carers, the MDT and others in a meaningful and accessible manner	Gives unclear, ambiguous, or inaccurate feedback on information gained despite support given. Needs significant support and advice on how to select and present feedback to relevant others.	Gives some feedback on information gained, considering the needs and interests of others when doing so with support.	
9. Integrates findings with client's and/or other's priorities to identify appropriate goal areas	Requires significant support in order to integrate findings with client's and/or other's priorities to identify appropriate goal areas. Goal areas may not demonstrate a link to information gained. Does not consider how to involve the service user despite support given.	Requires support in order to appropriately balance client's priorities with own findings to generate goal areas. With support considers how to provide information to service users to enable them to make informed decisions.	
Comments:			

2. Planning intervention	FAIL	PASS	NA
1. Involves clients, carers, parents, statutory partners (e.g. health/social services/education) in the development of goals	Despite significant support, unable to identify relevant others, or the need to involve others in developing goals.	With support, able to identify some relevant others and attempts to involve them in the development of goals.	
2. Devises logical therapy plan that incorporates short term goals leading to long term goals.	Written therapy plans do not incorporate short term goals that lead to long term goals despite significant support.	Requires minimal support to write a therapy plan that incorporates short term goals that lead to long term goals.	
3. Formulates and expresses goals related to long and short term intervention (communication or eating and drinking) or communication enrichment goals that meet the clients' needs and fit with the ethos of the service	Despite significant support, unable to consider clients' needs and service's ethos when formulating goals for most clients.	With some support, able to consider clients' needs as well as service's ethos when formulating goals for most clients.	
4. Plans means of evaluating the effectiveness of speech and language therapy input (from the perspective of different people involved) e.g. outcome measurements, client and carer feedback	Despite support, unable to plan evaluation that is suitable for evaluating whether therapy has been effective	With support able to plan evaluation that is adequate. Does not consider a range of tools or people's views.	
5. Plans interesting intervention (e.g. 1:1, school programme, language enrichment) which is consistent with clients' needs and those of service, drawing on evidence based practice	Despite significant support, unable to plan interesting intervention which meets client's needs and those of service.	With some support, able to plan interesting intervention which meets client's needs and those of the service, drawing on some evidence/theory.	
6. Modifies goals in light of client's performance or feedback from others	Despite significant support, unable to modify goals in light of client's performance or feedback from others.	With some support, able to modify goals in light of client's performance or feedback from others.	
7. Devises detailed and structured session plans.	Written session plans not clearly structured, content inappropriate and/or omits several key relevant sections in spite of support given.	Written session plans structured with basic detail and content mostly appropriate. Includes the majority of the following: explicit aims/goals and objectives, relevance to individual/group needs and/or service, rationales, facilitation methods, explanation of activities and materials used and methods for measurement of outcomes	
8. Realistic in expectations of what others	Despite significant support remains unrealistic in	With support, develops expectations of what others	

(parents/carers/other health and educational professionals) can provide and considers this in intervention planning	expectations of what others (parents/carers/other health and educational professionals) can provide and does not consider this in intervention planning.	(parents/ carers/ other health and educational professionals) can provide and considers this in intervention planning.	
9. Plans intervention that is delivered by others e.g. therapy assistant, teaching assistant	Despite significant support, unable to plan appropriate intervention that can be delivered by others.	With some support able to plan appropriate intervention to be delivered by others.	
Comments:			

3. Delivering intervention	FAIL	PASS	NA
1. Builds a rapport with clients/carers/parents/service users/relevant others	Interacts in a manner which is not conducive to building rapport. This has an impact on delivery of intervention.	Mostly builds rapport effectively, allowing for productive interactions with clients, carers, etc.	
2. Explains communication/eating and drinking therapy or communication enrichment activities and their rationale to clients/carers/parents/service users/relevant others	Makes no attempts to explain therapy/activities to client.. Despite significant support, unable to adapt to the individuals' needs	Explains activities/ therapy clearly with support. With support, is able to adapt to the needs of the individual – using visual/written materials etc. as needed.	
3. Follows a plan flexibly, taking into consideration client's motivation, emotional and physical needs	Does not follow a plan effectively. Where planning has taken place, may stick to plan too rigidly, without taking the clients' needs into account.	Is able to deliver planned therapy activities most of the time. Also able to make appropriate adaptations based on the clients' needs, most of the time.	
4. Facilitates communication of clients	Little or no attempts to facilitate clients' communication. Requires considerable support to identify areas for improved facilitation.	Attempts to facilitate clients' communication but does not always select the appropriate type and degree of facilitation, and the appropriate time to facilitate. Requires support to identify areas for improved facilitation.	
5. Uses online decision making when delivering therapy	Unable to make decisions online, mainly sticking to a pre-determined plan or course of action and unable to reflect on this. Makes inappropriate online decisions.	Sometimes makes online decisions based on the clients' performance. Sometimes realizes that a decision needs to be made but needs time to think about it (i.e. not online). This informs future therapy planning.	
6. Paces intervention appropriately	Does not pace intervention appropriately based on the client's needs and is unable to reflect on this.	Sometimes able to gauge the pace of intervention appropriately, attempting to adapt to the varying needs of the client/s.	
7. Empowers carers/parents/service users/relevant others to support an individual's/group's communication and/or eating and drinking	Despite support does not adequately carry out the work to empower relevant others. The student may focus exclusively on the direct intervention with the client.	With support considers the role of 'others' in supporting the client. With support carries out appropriate steps to empower others, providing information, support and guidance. Needs support to identify best ways to do so for more complex scenarios.	
8. Uses a range of differential feedback techniques during and after sessions that is appropriate for client, parent, carer or professional	Feedback tends to be undifferentiated, primarily taking the form of generic positive reinforcement. May attempt to give differential feedback, but is not usually successful at increasing clients' (or others') monitoring of targeted skills.	With support uses a range of feedback techniques, which successfully helps clients' (or others') ability to monitor and improve targeted skills.	
9. Modifies own interactions with clients,	Tends to interact with a range of people in an	With some support, modifies interactions appropriately	

professionals, parents and carers	undifferentiated way, without adapting to the needs of different people and/or to the changing needs of those individuals.	requiring more support when dealing with more complex issues or situations (e.g. team meetings).	
10. Works as part of a team in delivering intervention to enhance communication, eating and drinking	Tends to work in isolation and requires prompting in order to involve other members of the team.	Usually works effectively as part of a team, drawing on others' expertise and sharing information appropriately. May occasionally require prompting in order to do so.	
Comments:			

4. Clinical Responsibility	**FAIL**	**PASS**	**NA**
1. Takes responsibility for his/her own learning e.g. identifies learning needs/goals and identifies and undertakes reading drawing on evidence based practice and local policies	Despite prompting, does not take responsibility for his/her own learning.	Takes responsibility for his/her own learning.	
2. Puts into practice an identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs	Does not put into practice an identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs.	Puts into practice an identified course of action for working with clients and/or peers/colleagues, and for addressing own learning needs most of the time.	
3. Organises own activities/materials and clinical time effectively	Despite significant support, unable to organise own activities/materials and clinical time effectively.	Requires some support to organise own activities/materials and clinical time effectively	
4. Fulfils all administrative and other assigned responsibilities (e.g. key worker responsibilities, audits, projects, health promotion, resource creation)	Despite significant support, unable to fulfil administrative and other assigned responsibilities.	With instruction, is able to fulfil administrative and other assigned responsibilities.	
5. Documents assessment results; keeps qualitative and quantitative progress notes; produces written reports/correspondence in accordance with the placement and HPC guidelines. Notes and reports include an analysis of observations/assessment/therapy.	Assessment results, progress notes and written reports/ correspondence not kept or not written in accordance with the placement and HPC guidelines. Notes and reports do not include an analysis of observations/ assessment/ therapy.	Assessment results, progress notes and written reports/correspondance kept and written in accordance with the placement and HPC guidelines. Notes and reports include an analysis of observations/ assessment/ therapy.	
6. Works in partnership with other professionals, support staff, service users, relatives, carers and other students	Despite support, is unable to successfully work in partnership with other professionals, support staff, service users, relatives, carers and other students.	With support, is able to successfully work in partnership with other professionals, support staff, service users, relatives, carers and other students most of the time.	
7. Demonstrates understanding of different roles within the teams and the overlap/boundaries between these roles.	Despite support, does not understand different roles within the teams and the overlap/boundaries between these roles.	With some support, demonstrates understanding of different roles within the teams and the overlap/ boundaries between these roles.	
Comments:			

5. Professional communication, self-appraisal and personal development	**FAIL**	**PASS**	**NA**
1. Liaises with colleagues, family members and carers.	Makes no attempt to liaise with relevant others; is highly inappropriate in attempts to do so or needs excessive encouragement and support to liaise with others.	Liaises with relevant others with support, in professional and appropriate manner.	
2. Engages in professional discussion about clients.	Makes few or no attempts to discuss clients. May have serious misunderstandings about clients or discusses clients in an inappropriate manner.	Appropriately discusses clients in a professional manner.	
3. Engages in open discussion about own learning needs and development using concrete examples and evidence of progress as part of a personal development plan.	Unable to discuss own performance or development or is not able to make accurate appraisal of their performance even with significant support e.g. does not bring goals to the start of the placement; is unable to reflect on performance objectively; may make general claims about their performance without backing these up with specific examples; is unprofessional in their discussions or unable to think of strategies to further their development.	Usually takes initiative in discussing own learning and development needs. Provides balanced objective self-appraisal, drawing on specific examples to support reflection. Able to self-generate some strategies to address identified needs and further their development.	
4. Shows initiative in following up ideas, accessing further information and resources in relation to identified development needs.	Makes few or no attempts to follow up ideas/suggestions or requires significant support to do so.	With minimal support, follows up ideas/information following discussion with practice educator. With minimal support, is able to self-generate some ideas to guide further development or understanding.	
Comments:			

Cause for Concern

The school of health sciences is implementing cause for concern and fitness to practice procedures based on HCPC's Guidance on conduct and ethics for students and Standards on education and training for students, (see below)
Please contact the student's clinical tutor as soon as possible if you think there is a cause for concern or a fitness to practice issue

Cause for Concern Form

This form should be completed by the member of academic/practice staff with immediate knowledge of the concern and the Programme Manager (PM) or Programme Director (PD) or their nominee in conjunction with the Cause for Concern Process.

A student may be referred or can self refer themselves for two possible reasons:

i) Lack of Progress for non-academic reasons

- Competence Issues (e.g. unsafe practice);
- Health Issues (e.g. an impairment or health condition which may make it impossible for a student to meet the requirement of the programme including mental illness)

ii) Lack of Professionalism

- Unprofessional behaviour/Professional misconduct (e.g. breach of confidentiality, sexual, racial or other forms of harassment, poor timekeeping, dress, unprofessional attitude, inappropriate behaviour such as rudeness, aggression, not taking instructions when appropriate);
- Character Issues (e.g. honesty, aggressive, violent or threatening behaviour, drug/alcohol abuse)

a. nature of concern

Please tick which is applicable:

Lack of progress for non-academic reasons ☐

Lack of professionalism ☐

b. name of student

Surname .....
Title (delete as appropriate) Mr Mrs Miss Ms

Forename(s) .....

Student ID No: .....

c. programme details

student's personal tutor:	
student's programme and cohort:	
name of clinical area (if relevant):	

d. outline of concern

Please specify in relation to concern outlined on the previous page

e. evidence of concern

All relevant evidence depending on the nature of concern (e.g. statements, letters, occupational health report. All evidence **must** be detailed below and attached with the referral).

Form originated by:	
Role of originator: ***(e.g. lecturer, clinical tutor, practice staff, personal tutor, administrative member of staff, fellow student)***	**Date:**

Cause for Concern Initial Review Meeting

This form should be completed in a meeting with the student present.

a. initial meeting:	
Agreed actions/targets	**Date for completion**
1.	
2.	
3.	
4.	
a. Signature of academic / practice member of staff	**Date:**
b. signature of programme manager/director:	**Date:**
c. student's signature:	**Date:**
I understand that the actions / targets above have been initiated to support me and I agree to work towards them. If they are not met I understand it may affect my course progression.	

Cause for Concern First Review Meeting

This form should be completed in a meeting with the student present.

a. first review meeting:		
Actions/ targets	**Progress** *Detail progress made and any further action required*	**Completed**
1.		**Yes** ☐ **Partially** ☐ **No** ☐
2.		**Yes** ☐ **Partially** ☐ **No** ☐
3.		**Yes** ☐ **Partially** ☐ **No** ☐
4.		**Yes** ☐ **Partially** ☐ **No** ☐
Outcome: **Passed all actions** ☐ *(end of review)* **Partially completed actions** ☐ *(set up 2nd review meeting)*		
b. signature of programme manager/director:		**Date:**
c. signature of academic/practice member of staff		**Date:**
d. student's signature:		**Date:**
I understand that the actions / targets above have been initiated to support me and I agree to work towards them. If they are not met I understand it may affect my course progression.		

Cause for Concern Second Review Meeting

This form should be completed in a meeting with the student present.

a. second review meeting:		
Actions/ targets	**Progress** *Detail progress made and any further action required*	**Completed**
1.		**Yes** ☐ **Partially** ☐ **No** ☐
2.		**Yes** ☐ **Partially** ☐ **No** ☐
3.		**Yes** ☐ **Partially** ☐ **No** ☐
4.		**Yes** ☐ **Partially** ☐ **No** ☐
Outcome: **Passed all actions** ☐ (end of review) **Not completed actions** ☐ (refer to Fitness to Practice Panel)		
b. signature of programme director/manager:		**Date:**
c. Signature of academic / practice member of staff		
d. student's signature:		**Date:**
I understand that if the outcome of the second review is referral to Fitness to Practise, this may affect my course progression.		

CITY UNIVERSITY LONDON

STUDENT'S CLINICAL RECORD

NAME OF STUDENT: YEAR:

Name of practice educator	
Name of service	
Client group	
Number of sessions attended	
Number of sessions absent	
Description of activity – observation, hands on etc	
The student has met NHS/HCPC standards of conduct including: Respect for self and others Compassion and sensitivity to people's experience Respect and dignity Communication skills Confidentiality Punctuality Reliability Professional appearance Demonstrate potential for autonomy and leadership skills such as the management of self and others	

Student signature and date	Practice educator signature and date

Cc: student; student helpdesk

CITY UNIVERSITY LONDON

STUDENT'S VIDEO INTERACTION WITH CLIENT – CLINICIAN'S CONFIRMATION

This is to verify that the video submitted by the student:

(name)
.....

is an example of his/her interaction with a client. I can confirm that the student has not received feedback on this session.

SIGNED:.....

(PRINT EDUCATOR'S NAME):.....

PLACEMENT ADDRESS:.....

.....

.....

For student to return to the student helpdesk the week before their clinical exam.

GUIDELINES FOR VIDEO CONSENT

The aim of these guidelines is to provide a clear directive to students regarding the serious considerations in videoing clients. Consent forms which are outlined below, can be used at the discretion of the practice educator. Where the practice educator has local consent arrangements that are at least as explicit as these guidelines, then it is of course logical that the local arrangements take precedence.

Introduction:
By law, no one person can give or refuse consent on behalf of the individual participant. This includes next of kin, partner, carers, support staff and relatives. Primary service provider(s), e.g. parent, carer, teacher, Day Centre manager, keyworker, head of residential home, etc., will be given the opportunity to object to the individual being videoed. In the case of an expressed objection, the individual should not be videoed.

Informed Consent:
The following criteria are recommended:

1. Approval of primary service provider, e.g. Head of Day Centre/residential provision; parent; carer, etc.

2. Informed consent of individual participant who is able to understand the information in following forms as appropriate and can sign the agreement letter [Form (b) or (c) according to needs of individual]

3. Where informed consent of the individual participant is not possible due to their restricted communication skills, the primary service provider or appointed advocate to the individual must decide on the person's behalf. If there is no evidence to suggest that the participant would have refused, if able, consent is recommended.

All videos will be stored securely in the Department of Language and Communication Science, City University. They will not be used for any other than the stated purpose: training and assessment of Speech & Language Therapy students, pre and post qualification.

REMINDER OF CONFIDENTIALITY

Any breach of confidentiality is viewed seriously. Failure to maintain strict confidentiality will result in the assignment being awarded a 0 mark.

CITY UNIVERSITY LONDON

CLIENT/PARENT/SIGNIFICANT OTHER/ STUDENT/ THERAPIST CONSENT TO BEING VIDEOED IN A SPEECH & LANGUAGE THERAPY SESSION

Name of Student:

I agree to *myself / my child / my client (*delete as appropriate) being videoed for the purpose of my student Speech & Language Therapist's clinical assessment.

I understand that the video will be stored safely and only used for the purpose stated above.

After the student's clinical assessment, I give my permission for the video to be:

(tick appropriate box)

(a) used for training Speech & Language Therapy students ☐

(b) destroyed ☐

(c) other (*please state)

Signed: _____

PRINT NAME: _____

Date: _____

Clinic: _____

For office use only:

I, the undersigned _____ _____
(print name of student and/or therapist)

DO / DO NOT (delete as appropriate) give permission for this video and its supporting materials to be used for teaching.

Student videos will be used for teaching only when the student has qualified from their current programme of education at City university unless permission is given in writing.

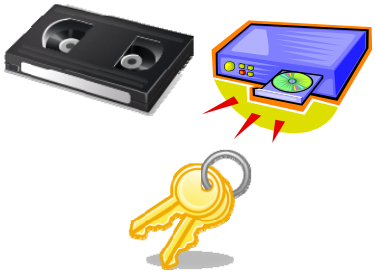
Signature(s): _____ _____

RETURN TO: Clinical Tutor, Division of Language and Communication Science, City University or Senior Programmes Officer via Student Helpdesk

CITY UNIVERSITY LONDON

CONSENT TO BEING VIDEOED IN A SPEECH & LANGUAGE THERAPY SESSION

I, _____(name) agree to:

WHAT ?	TICK
1. being taped or filmed 	
2. This video can be used for teaching students at City University (tutorials and exams) and other speech and language therapists. 	
My video will be stored in a Safe, locked cupboard in the Division of Language and Communication Science. 	

Name: _____Date: _____

Counter-Signature: _____
(if requested)
Relation to Participant: _____

Name of student: _____

RETURN TO: Clinical Tutor, Division of Language and Communication Science, City University or Programme Manager via Student Helpdesk

Appendix C

Further information

THE ROLE AND RESPONSIBILITIES OF THE PRACTICE EDUCATOR

The main roles of the practice educator in relation to students is summarised as follows:

- To provide clinical learning opportunities for students in their clinical setting
- To give students appropriate feedback in order for them to learn and develop clinical skills
- To participate in assessment of students' clinical skills.

Students are adult learners and as such each student is responsible for their own skills development in the context where they are given appropriate opportunities and feedback. Practice educators must always feel confident that the participation or involvement of students is not compromising their clients' needs.

A rolling programme of Supervision Skills Workshops for practice educators is run jointly by City University, London, and UCL in order to increase speech and language therapists' confidence in their role as practice educators. Each University also runs additional sessions more specifically focused on their course content. For further information about courses for practice educators please contact Abigail Levin, Deputy Director of Professional Education.

Common concerns which emerge from participants in the Supervision Skills Workshops include '*time management when supervising students', 'giving critical feedback', and 'the assessment process'*.

Time management

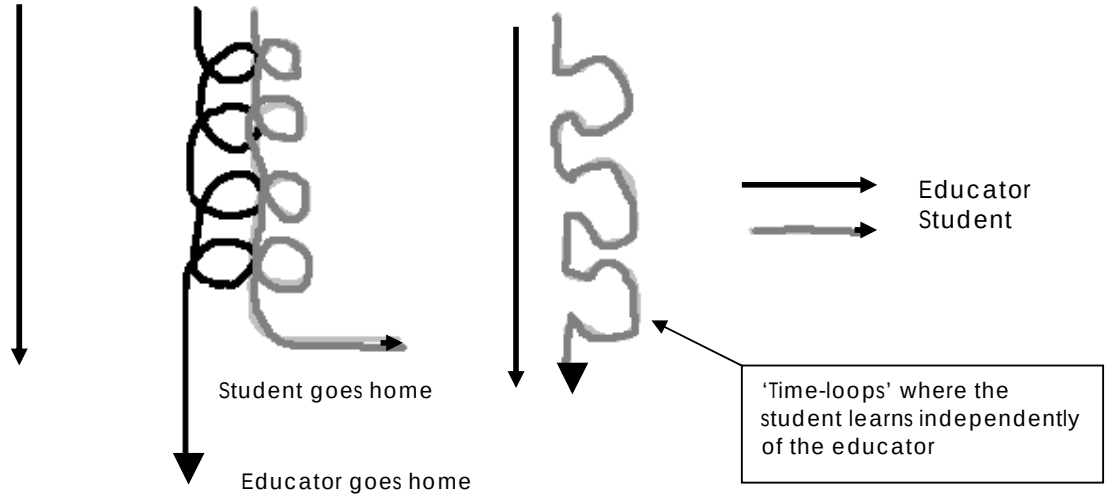
Supervising students should never result in a net decrease in a practice educator's clinical work. Students can learn usefully in the clinical setting without the immediate presence of the practice educator (for example spending half an hour in a class which includes a child who might be seen later for a session, joining an occupational therapy session for a client in rehabilitation following a stroke). Students can also learn from completing tasks which are not directly related to client contact (for example, producing an inventory of resources in a clinical setting but also having to think of two clinical uses for each item). City University is committed to the process of Common Learning and as such we welcome opportunities for students to work alongside professionals from other disciplines.

Parker and Morris[1] provide a useful representation of how students in the clinical setting can affect a practice educator's time. The suggestion is that where a student is constantly with the practice educator, the educator's workload is affected as the 'on-line' explanations of each part of the day in fact add to the demands on time (i). However, the concept of a 'time-loop' where the practice educator sets the students an independent learning task means that the practice educator has some time without the student in order to deal with pressing matters whilst ensuring that the student is still learning, but not at the side of the practice educator (iii).

(i) Practice educator, typical day; (ii) Practice educator with student with them throughout day; (iii) Practice educator using 'time-loops'

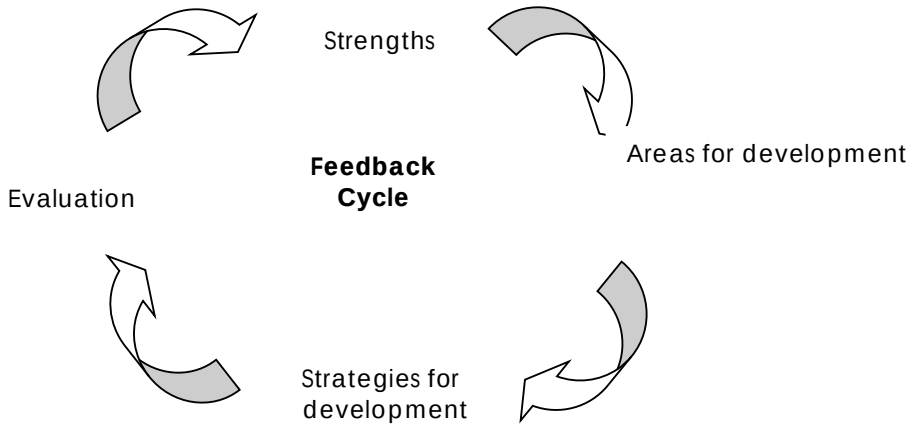
(i) (ii) (iii)

[1] Parker A and Morris C (in preparation) 'Time Loops and Dependency Tennis'



Feedback

Feedback is essential to the learning process. In order to be effective, it is vital that feedback is balanced to include what is going well and needs to be maintained as well as areas for change. Finally, the development of strategies for change and how these will be evaluated completes the 'feedback cycle'.



As a professional group, therapists often feel uncomfortable about highlighting areas for change and development for students. However, without this part of the feedback students' skills will not progress. Through self-appraisal tasks and personal development plans, we encourage students to develop their own critical evaluation skills as it is these that will be vital when they are fully qualified professionals, however, most students appreciate support in developing these skills during their training.

Practice educators are asked to provide feedback to the University on students' progress at key points in the academic year. At the end of each term, educators are asked to complete the 'Report of Clinical Progress' (please see appendix) and return them to the relevant clinical tutor.

Assessment

Linked with feedback is the process of assessment. Again, many speech and language therapists express discomfort regarding their part in the assessment process with students. Assessment of clinical skills is essential for three reasons. Firstly, it is an extension of the feedback cycle in that periodically a student receives more formalised feedback on their progress. Secondly, as qualified speech and language therapists, we have a professional responsibility to maintain the quality of the

profession for future clients. This responsibility is now even more explicit with the advent of HCPC Registration. Finally, as educators and tutors of student speech and language therapists, it is important that students who may have made an error in their choice of career are given support in considering alternatives at a stage where they have most options. Fortunately, this is unusual but it should be borne in mind that it is in the best interest of the student to highlight concerns early in their course.

The assessment procedure varies across the year groups and details of the relevant assessment processes are available in the Student Clinical Handbook which will be on the PMP support site. However, the practice educator never has sole responsibility for the assessment of a student's skills. The clinical tutor will always be available for discussion and be part of any formal assessment procedure.

Assessment by the practice educator comprises:

- Termly Reports of Clinical Progress (see appendix)
- The Clinical Placement assessment (BSc4 Spring; all other groups Summer: see Appendix)

Clinical Placement Assessment

The following form is provided to give practice educators information about the assessment. At the appropriate time educators will be sent a student's 'real' form and given a date for return, usually towards the end of the Summer placement. Practice educators and students should be familiar with this format as it is used, without summative marking, for the midterm Report of Clinical Progress. See pages 24-54

CLINICAL PLACEMENT ASSESSMENT DESCRIPTORS FOR BSc 2/BSc3/Bsc4/PG Dip 1/PG Dip 2 STUDENTS

PLACEMENT: **PRACTICE EDUCATOR NAME:**

STUDENT NAME: **YEAR:**

PLACEMENT TERM: **SUMMER**

ASSESSMENT: **SUMMATIVE**
(This form only)

COMPONENTS

1.	**Information Gathering, Observation and Assessment**	**PASS**	**FAIL**
2.	**Planning intervention**	**PASS**	**FAIL**
3.	**Delivering intervention**	**PASS**	**FAIL**
4.	**Clinical Responsibility**	**PASS**	**FAIL**
5.	**Professional communication, self-appraisal and personal development**	**PASS**	**FAIL**
	OVERALL	**PASS**	**FAIL**

PRACTICE EDUCATOR SIGNATURE: **STUDENT SIGNATURE (FORMATIVE ONLY):**

DATE: **DATE:**

(See descriptors pages 26-54)

QUALITATIVE FEEDBACK FOR STUDENTS (for placement assessment use only)

PLACEMENT: **PRACTICE EDUCATOR NAME:**

STUDENT NAME: **YEAR:**

Areas of strength:
Areas for development:
General Comments:

STUDENT SUPPORT MECHANISMS

Each student is able to access a range of support at City. The following information outlines where the student might be directed for appropriate support dependent on the nature of their concern or difficulty.

Programme Directors: Each programme is overseen by a Programme Director whom the students may approach individually regarding issues of an academic nature etc.
Postgraduate Diploma: Jo Verhoeven Johan.Verhoeven.1@city.ac.uk
BSc: Lucy Myers Lucy.Myers@city.ac.uk

Director of Professional Education: oversees the clinical education of both the BSc and the PG Dip programmes: Abigail Levin a.levin-1@city.ac.uk

Year leaders: Each year of the programme has a year leader who is responsible for the day-to-day cohesion of the year group. He or she will arrange staff/student liaison meetings and will maintain contact with the year group via Year Representatives.
BSc 1: Jo Verhoeven
BSc 2: Rachael-Anne Knight
BSc 3: Roberta Williams/Emma Fitzpatrick
BSc 4: Madeline Cruice
PG1: Mark Jones
PG2: Allen Hirson

Module Leader: Each module has a designated Leader responsible for its co-ordination and students are advised to contact these individuals in the first instance should they have queries pertaining to that module. Names of Module Leaders are on the curriculum maps.

Clinical Tutors: Each student is assigned to a clinical tutor group for that academic year. The Clinical Tutor is responsible for overseeing the student's clinical skills development and facilitating linked learning with the taught curriculum. The clinical tutor is often the first point of contact for a student experiencing difficulty with their clinical learning. The clinical tutorials are held regularly throughout the academic year.

Where there are particular issues to do with a student's placement the Clinical Tutor may raise these with the Professional Studies Module Leader for that year, the Clinical Placements Co-ordinators or the Director of Professional Education.

Practice educator: Clinical supervision is provided by the practice educator in the student's placement. However, the practice educator should not be expected to support the student in relation to academic or personal concerns. If the student is experiencing exceptional difficulties in their placement, the practice educator should suggest the involvement of the clinical tutor at the earliest opportunity. In the event that the Clinical Tutor is not readily available, the practice educator should feel free to contact the relevant Professional Studies Module Leader or the Director of Professional Education.

Personal Tutors: It is recognised that students may need considerable support in a course that may mobilise some very profound anxieties. Each undergraduate student is allocated a personal tutor. Members of staff meet with postgraduate students on a regular basis throughout the year, and students are encouraged to seek meetings with tutors on an individual basis when the need arises.

University Counselling Service
Students also have access to the University Counselling and Advisory Service. This is a confidential service which has direct access for any student of the University.
Each student is able to access a range of support at City. The following information outlines where the student might be directed for appropriate support dependent on the nature of their concern or difficulty.

Learning support
Learning support at City University London from the Learning Success team consists of four services: Disability Services, Dyslexia Support, Mental Health and Wellbeing, and Academic Learning Support. Their contact email is: studentcentre@city.ac.uk

Clinical Warning System and Resit Procedure

The majority of students successfully complete clinical placements and their clinical assessments throughout the course. However, a number of students will experience difficulties. This document applies to those students who:

1. have cause for concern that is not resolving
2. are not making sufficient progress in their clinical placement
3. are at risk of failing or have failed the practical examination

This document will identify five procedures:

1. The initial identification of a problem in clinical practice on placement
2. Cause for concern and fitness to practise.
3. Resit Procedure following a fail in the Clinical Placement Assessment
4. Resit procedure following a fail in the In-house Practical Examination
5. Procedure for students who successfully appeal against the Assessment Board's recommendations

A form is available at the end of this section and should be used by educators, tutors and students to track the student's progress through the resit process.

1. Initial Identification of Problem in Clinical Practice

N.B. There are two main types of problem which may occur for students at this stage. One is the risk of failure at a clinical or academic level and the other is cause for concern in Fitness to practise (professionalism) Please consult the cause for concern and fitness to practice procedure (attached document) for additional information.

The following is the recommended procedure for warning students whose progress in clinical practice and / or professionalism is unsatisfactory. Triggers are identified at the initial stage in the system via Cause for Concern and subsequent action plan where the recommended course of action is specified.

1. Clinical tutor and/or practice educator may be alerted to the student's:
    - inconsistent / unreliable attendance at clinical placement and/or clinical tutorials;
    - lack of clinical responsibility and failure to carry out required clinical duties;
    - clinical practice which is considered to be counter therapeutic or unethical, placing clients at physical or emotional risk;
    - clinical practice which is considered to be unsafe due to a lack of skills development in the student;
    - quality of interaction/therapy planning

    Ideally, as soon as such issues arise, whether by
    - routine meeting between practice educator and student
    - completion of an onsite clinical visit to observe the student,
    - a video visit at City,
    - the practice educator's expression of concerns or
    - the clinical tutor's observation in tutorial,

    The following action is recommended:

2. Clinical tutor completes observation of student onsite in the clinical placement.
3. Clinical tutor and where relevant practice educator meets with student to identify their concerns using the Cause for Concern forms. These forms are completed during a meeting by the student, and the clinical tutor. The student is made aware that there is a problem. Learning objectives are identified and agreed with the student.
4. The clinical tutor writes to the student with a copy to the practice educator, explicitly stating the concerns that have been discussed, the risk to the student's success in either or both of the final practical assessments.
5. The previously established learning objectives are monitored by the practice educator and clinical tutor. This may take the form of:
    - a phone call from the clinical tutor to the practice educator;
    - a second clinical visit by the clinical tutor or appraisal of the student's clinical work on video;
    - encouraging the student to video self in clinical sessions for the purposes of self-evaluation;

- reviewing the action plan and reassessing the student's progress, paying particular attention to the learning objectives that have been identified previously;
- giving feedback to the student, stating explicitly the areas for concern in their clinical skills development as well as the positive changes observed

6. If problems persist after initial follow-up, the tutor will closely monitor student's progress and provide regular feedback. Further learning objectives are set together with clear suggested strategies to support the student in meeting these objectives. Regular monitoring continues. The student is once again made aware that they are at risk of failing the Clinical Placement assessment and/or In-house Practical Examination.
7. At the end of the placement, the practice educator and/or clinical tutor complete the Review Meeting indicating whether actions have been completed or not. This is copied to the student, the Practice educator, Clinical Tutor, Clinical Year Tutor and the Director of Professional Education. NB: A 'not completed action' result in a referral to the Fitness to Practise panel (see FtP policy and procedure)
8. An unsatisfactory review of a cause for concern action plan can lead to a referral to Fitness to Practise Panel – see Fitness to Practise process
9. The outcome of the Fitness to Practise Panel can be one of the following:

Fit to practise - If the student is fit to practise he/she can continue on the programme;

Fit to practise but with a final written warning to be issued and placed in the student's file. The warning will remain on the student file for the duration of their programme. If there are any further breaches of conduct during their time as a student, it is likely to result in a recommendation being made to the Assessment Board to withdraw the student from the programme;

Fit to practise but subject to "supervisory order" or a "condition of practice and training". The panel may allow the student to continue on the programme but subjected to a period of supervision/mentoring or condition of practice of training or provision of additional support. If the student shows lack of progress or is unable to meet the specified standards, it is likely to result in a recommendation being made to the Assessment Board to withdraw the student from the programme;

Not fit to practise – A recommendation to withdraw the student from the programme will be made to the Assessment Board for ratification. The panel must provide for the Assessment Board clear reasons for its recommendation to withdraw a student. The panel may recommend that the student moves to a non-registration programme if applicable. The outcome of the Assessment Board will be confirmed to the student in writing

If the student is not fit to practise on poor health grounds: A recommendation will be made to the Assessment Board to withdraw the student from the programme, supported by written evidence from the relevant Occupational Health Service stating that any improvement in health is unlikely; A recommendation will be made to the Assessment Board that the student is suspended from the programme until deemed fit to continue by the relevant Occupational Health Service or they are 'timed out' under professional or University regulations.

2. <u>Resit Procedure</u>

For students who fail Clinical Placement Assessment or
For Students who Fail an in-house Practical Examination

1. **Failure to achieve a pass due to poor performance in Clinical Placement Assessment:** Students who fail the Clinical Placement Assessment will be required to complete an additional clinical placement. The Assessment Board will determine the nature and length of the resit clinical placement dependent on the circumstances and severity of failure.
2. **Failure to achieve a pass due to poor performance in the In-house Practical assessment.** All students are required to attend a clinical resit tutorial programme. The PG1 resit programme takes place over two weeks in late July/early August. **Attendance is compulsory**. Other year groups resit programme will be designed by the module leader.
   The resit tutorial programmes will focus on developing clinical analysis and self assessment/reflection skills. A clinical resit examination will be scheduled during the university resit period and will be conducted with the student's original tutor where possible.
   2.1. PG1 students will use the original video in a resit examination, regardless of the mark obtained. All other failed elements must be completed.
   2.2. BSc2 and BSc3; who have the opportunity to make a new video are recommended to resit with a new video. If it is not possible to obtain a new video the resit can take place with the original video (see PG1 resit).
   2.3. For BSc4 and PGDip 2nd year resits, the resit tutorial programme will focus on developing clinical analysis and clinical management. A clinical resit exam will be scheduled for the week following the clinical resit programme or during the university

resit period (normally two weeks covering the end of August/beginning of September).

Unless there are Extenuating Circumstances granted by the Extenuating Circumstances board, resit marks for exams will be capped at 40% BSc or 50% PG

NB: Please note that the resit tutorial programme is compulsory. In the case of extenuating circumstances, alternative arrangements may be made. However, the extenuating circumstances must be evaluated by the extenuating circumstances board in order to be considered. Booked holidays **ARE NOT** extenuating circumstances and thus no special arrangements will be made to accommodate holiday plans. **It is strongly advised that students DO NOT book holidays during this resit period in order to avoid the possibility of having to cancel.**

NOTES:

a) Usually resit clinical placements and examinations will have taken place by the Resit Assessment Board. However, the situation may arise where no suitable placement is available in this timescale in which case the student's circumstances will be considered by the Assessment Board and recommendations made.
b) Students who have failed the in-house Practical assessment are advised to contact their tutors for individual feedback on their exam performance.
c) The date for the in-house practical exam is agreed between the student and the tutor.
d) A clinical placement is identified for student's Clinical Placement resit and the timescale agreed (typically up to a maximum of 20 clinical sessions).
e) In the case of a resit placement for the Clinical Placement Assessment, the practice educator should offer designated supervision time of no more than 1 hour per day, for example a preliminary discussion/preparation period of 30 minutes and an end of day feedback session of 30 minutes.
f) In exceptional circumstances, where final year students who narrowly fail the clinical examination complete and pass specified resit tasks in late July / early August, Chair's action may be taken prior to the September Board of Examiners to enable students to qualify to take up employment.
g) Students who fail a resit examination will be required to withdraw from the course (PGDip/MSc). Students who fail a resit examination on the BSc programme will be encouraged to take a non clinical route.

School of Health Sciences
CITY UNIVERSITY LONDON

SHS Board of Studies Fitness to Practise Policy

Scope

In the case of programmes which are regulated by professional and statutory bodies it is imperative to have a robust process in place to manage non-academic student concerns in a timely manner as well as a process to manage more serious concerns.

The School is required to monitor that all applicants meet the general entry requirements as part of the selection process. The School is also required to monitor progress of all students and to take appropriate action if any issues related to good health or good character arises.

This document is designed to inform students and staff about the School's process for dealing with fitness to practise issues. This procedure applies to all programmes within the School of Health Sciences that are recognised by professional and statutory bodies.

Referral to the Fitness to Practise Panel may take place as a result of a Cause for Concern process, through the Criminal Records Bureau (CRB) process, or directly in serious cases.

This policy does not concern academic achievement or academic misconduct.

Date approved/re-approved: July 2012

Date for review: Annual review by SHS Board of Studies

To be read in conjunction with
Cause for Concern Forms and Flowchart
CRB Process
Fitness to Practise Referral Form and Flowchart
Precautionary Suspension of Students from Placements Policy
University Disciplinary Policy
University Academic Misconduct Policy

Essential Professional and Statutory Body Documentation
NMC Standards of conduct, performance and ethics for nurses and midwives
NMC Guidance on Professional Conduct for Nursing and Midwifery Students
NMC Good Health and Good Character: Guidance for approved education institutions, Nov 2010
HPC Guidance on conduct and ethics for students, Sept 2009
HPC Standards on education and training for students, Sept 2009
HPC Guidance on health and character
GOC Code of Conduct for individual registrants, April 2010
GOC Fitness to Practise complaints

1. Introduction

1.1 Fitness to practise means having the skills, knowledge, good health and good character to practice in the relevant professional role safely and effectively. Fitness to practise is monitored and assessed throughout a student's time on the programme and, if there are concerns including allegations of misconduct, lack of competence and poor health, these will be investigated and addressed by the School. The main purpose in doing this is to safeguard the health and wellbeing of the public and to adhere to the standards set out by the Professional Statutory Regulatory Bodies (PSRB).

2. The purpose of this guidance

2.1 This guidance should be read in conjunction with guidance and policies from professional statutory regulatory bodies. The School has a responsibility as a programme provider to ensure that all students meet the requirements for entry and continued maintenance on the programme leading up to registration.

2.2 Professional bodies such as the Health Professions Council (HPC), Nursing and Midwifery Council (NMC) and General Optical Council (GOC), have requirements that those registered with them are fit to practise and meet nationally recognised proficiency standards which demonstrate that they have the skills, knowledge, good character and good health to do their job safely and effectively. While the University recognizes that, at pre-registration level a student is still learning, it is responsible for ensuring they meet the standards of their chosen profession.

2.3 The School is required to monitor that all applicants meet the general entry requirements as part of the selection process. The School is also required to monitor progress of all students and to take appropriate action if any issues related to good health or good character arises.

3. Grounds for Referrals

Referral to the Fitness to Practise Panel may take place

a) as a result of a Cause for Concern process,

b) through the Criminal Records Bureau (CRB) process (e.g. caution, criminal conviction, prison sentence - please refer to the School's CRB Process) or

Cause for Concern Process

1. Purpose

1.1 The purpose of this stage in the School of Health Sciences Fitness to Practise Process is to ensure that students and staff are able to raise any issue of concern at the earliest possible stage in order that a **supportive** action plan can be agreed. It is essentially the preliminary stage of the School's Fitness to Practise Policy.

2 Grounds for Referral

A student may be referred for two possible reasons:

Lack of progress for non-academic reasons

- Competence Issues (e.g. unsafe practice);
- Health Issues (e.g. an impairment or health condition which may make it impossible for a student to meet the requirement of the programme including mental illness)

Lack of professionalism

- Unprofessional behaviour/Professional misconduct (e.g. breach of confidentiality, sexual, racial or other forms of harassment, poor timekeeping, dress, unprofessional attitude, inappropriate behaviour such as rudeness, aggression, not taking instructions when appropriate);
- Character Issues (e.g. honesty, aggressive, violent or threatening behaviour, drug/alcohol abuse)

3 Process

3.1 A cause for concern may be raised by academic staff, practice-based staff, administrative staff, the student themselves or other students. This list is not exhaustive.

3.2 Where an issue or concern is identified by either an academic or practice-based member of staff and in their sole judgment it is safe and appropriate to do so, an attempt should be made to address the issue or concern with the student in order to prevent the issue escalating and becoming a Cause for Concern. This intervention should happen at the earliest opportunity and no later than 10 working days after the issue or event has taken place, at this stage no formal record of the intervention is required.

3.3 If the staff member deems the issue or concern to warrant formal intervention, they should raise the issue with the Programme Manager (PM) or Programme Director (PD) using the Cause for Concern form giving clear evidence regarding the nature of the issue. This should be done immediately after the issue or event takes place or at least within 10 working days and the student informed in writing that a concern has been raised and advised to gain support from their Personal Tutor.

3.4 If the staff member and the PM/PD deem the case sufficiently serious or individual safety is compromised it may be referred immediately to a higher stage in this process. Where such a serious decision needs to be taken, it should be agreed by two relevant academic members of staff. In this case the student can be suspended from placement pending the outcome of a review meeting (see Precautionary Suspension of Students from Clinical Placement process).

3.5 Where an issue or concern is raised by either an administrative member of staff, a fellow student(s) or the student themselves, in the first instance they should approach an appropriate member of academic or practice-based staff (depending on the issue and circumstance) to discuss the issue or concern in order to determine the best course of action. This conversation should happen at the earliest opportunity and no later than 10 days working days after the issue or event has taken place.

3.6 A meeting should normally be held between a member of academic/practice staff with immediate knowledge of the concern, the student and the Programme Manager (PM) or Programme Director (PD) or their nominee within 10 working days following receipt of the Cause for Concern form.

3.7 The meeting will identify the nature of the cause for concern, consider the student's response in relation to early resolution of the issue and set out an action plan. Mechanisms to consider for early resolution should include the possibility of referral to Occupational Health (where appropriate), and/or Services for Students in the University. The timeframe for the action plan must be identified within it, agreed by all parties and be consistent with the nature of the concern. A copy must be given to the student and a copy kept on the student's file.

If the student disputes the cause for concern allegation, the PM / PD and relevant Associate Dean for Programmes will evaluate the evidence and decide on the appropriate course of action. There are three possible outcomes:

I. To continue with the Cause for Concern process for this student.
II. To dismiss the Cause for Concern process for this student.
III. To undertake an investigation into the allegation.

3.8 There may be a maximum of two review meetings to monitor progress. At each meeting the student should meet with the member of academic/practice staff with immediate knowledge of the concern and the Programme Manager (PM) or Programme Director (PD) or their nominee

At the **first** review meeting, progress with the action plan should be reviewed with the following outcomes:

a) **Where a student satisfies the action plan:** the decision is made that the issue/concern has been resolved and that the Cause for Concern process should be terminated.
b) **Where a student only partially satisfies or does not satisfy the action plan and the programme specific procedures:** the decision is made to issue the student with a warning that continuing failure to satisfy the action plan will result in referral to the Fitness to Practise Panel which could affect programme progression. A date will then be set for the second review meeting.

At the **second** review meeting, progress with the action plan should be reviewed with the following outcomes:

a) **Where a student satisfies the action plan:** the decision is made that the issue/concern has been resolved and that the Cause for Concern process should be terminated.
b) **Where a student only partially satisfies or does not satisfy the action plan and the programme specific procedures:** the decision is made to refer the student to the Fitness to Practise Panel.

3.9 Cause for concern issues will remain on the student's file for between 3 months and one year depending on the gravity of the concern. This decision will be made by the member of academic/practice staff with immediate knowledge of the concern and the Programme Manager (PM) or Programme Director (PD) or their nominee

3.10 All involved parties should be informed of outcomes at each stage.

3.11 Where it has not been possible to resolve the issue through cause for concern process the student must be informed in writing that they have been referred to the Fitness to Practise Panel.

Fitness to Practise process

4.1 The Fitness to Practise Referral form is completed:

a) as a result of a Cause for Concern process,
b) through the Criminal Records Bureau (CRB) process (e.g. caution, criminal conviction, prison sentence - please refer to the School's CRB Process) or directly in serious cases.

4.2 The completed form and relevant documentation should be sent to the Senior Quality Officer in the School of Health Sciences.

For Optometry students: at present all fitness to practise decisions for optometry students are taken by the General Optical Council. The Associate Dean should therefore refer the case at this stage to the General Optical Council. For the purpose of maintaining records, the Senior Quality Officer should be informed of the outcome of the General Optical Council's decision.

5. Fitness to Practise Panel

5.1 The Fitness to Practise Panel will normally be convened within 28 calendar days of the referral.

5.2 Membership of the panel

The panel will comprise:

- A named Chair as identified by Board of Studies from one of the registered professions independent of the student's programme or discipline;
- A senior academic from the student's programme or discipline;
- A further panel member, chosen according to relevant expertise depending on the nature of the concern. This may be an academic, a representative from practice partner organisation, specialist student services, service user or relevant occupational health service individual. NMC/HPC guidance states that decisions determining a student's fitness to practise may only be taken if a registered health care professional is involved in a panel.

Possible conflicts of interest, including involvement in an earlier process, will be taken into consideration when constituting a panel.

The Senior Quality Officer (or nominee) will be the appointed secretary to the panel.

The student's personal tutor may not normally be a member of the panel but can attend in a supportive capacity to the student, withdrawing for the panel's deliberations.

5.3 The secretary will invite the student to the hearing in writing informing the student of the date, time, venue for the hearing and the membership of the panel, providing normally with at least three weeks' notice.

5.4 The student must be provided with a clear reason for the referral and any relevant documentary evidence referred to the panel.

5.5 All correspondence will be posted to the student's term time university e-mail and/or postal address. It is the student's responsibility to ensure that the School has their correct contact details.

5.6 The student should be invited to submit a written and signed statement to the panel, including addressing any issues raised in the evidence provided by the School. The statement must have a name/date and signature. All evidence must be available at least one week before panel convenes to allow appropriate scrutiny. If evidence is presented on the day, it may necessitate an adjournment.

5.7 The student can choose to be accompanied by **one** other person to support them at the hearing, such as a friend or representative from the CU Students' Union Support Service. If the student chooses to be accompanied s/he must provide information about that person to the secretary of the panel at least 7 calendar days in advance. The information will include the person's relationship to the student, and the reason for the person's attendance. A student should note that s/he may only be represented in his/her absence in exceptional circumstances. Any request for this requires the agreement of the Chair of the panel. If the student chooses not to attend, or fails to attend without submitting, in writing valid reasons for a postponement, the panel may meet in the student's absence. If the student chooses to be accompanied by a legal representative they must be made aware that they can only attend in a supportive role. The student will be encouraged to address the panel directly and the representative will be given an opportunity to comment.

5.8 The student must be advised to seek advice and support from the CU Students' Union Support Service.

5.9 The School's Fitness to Practise Process and relevant professional body guidance will be provided to the student and panel members.

5.10 The panel will consider the case (taking the student's status as a learner into account) and make a recommendation that the student is either:

- **Fit to practise** - If the student is fit to practise he/she can continue on the programme;
- **Fit to practise but with a final written warning** to be issued and placed in the student's file. The warning will remain on the student file for the duration of their programme. If there are any further breaches of conduct during their time as a student, it is likely to result in a recommendation being made to the Assessment Board to withdraw the student from the programme;
- **Fit to practise but subject to "supervisory order" or a "condition of practice and training".** The panel may allow the student to continue on the programme but subjected to a period of supervision/mentoring or condition of practice of training or provision of additional support. If the student shows lack of progress or is unable to meet the specified standards, it is likely to result in a

recommendation being made to the Assessment Board to withdraw the student from the programme;

♦ **Not fit to practise** – A recommendation to withdraw the student from the programme will be made to the Assessment Board for ratification. The panel must provide for the Assessment Board clear reasons for its recommendation to withdraw a student. The panel may recommend that the student moves to a non-registration programme if applicable. The outcome of the Assessment Board will be confirmed to the student in writing

♦ **If the student is not fit to practise on poor health grounds:**

o A recommendation will be made to the Assessment Board to withdraw the student from the programme, supported by written evidence from the relevant Occupational Health Service stating that any improvement in health is unlikely;

o A recommendation will be made to the Assessment Board that the student is suspended from the programme until deemed fit to continue by the relevant Occupational Health Service or they are 'timed out' under professional or University regulations.

Whilst making a recommendation the panel must consider any possible placement implications. In some cases, the placement provider may not agree to allow the student to continue in the existing placement in which case the panel may require the student to transfer to another placement or offer the option to transfer to a non-clinical course or apply to another University.

5.11 The panel may decide to adjourn if necessary. If an adjournment is required, the reasons for this and anticipated timescales should be explained to all parties.

5.12 A record will be kept by the School of this formal procedure. This record and relevant correspondence will be stored on SITS (Strategic Information Technology Service – student record system) and student file in accordance with the Data Protection Act 1998.

5.13 The notes of the hearing will also be shared with the student with an opportunity for them to comment by a specified deadline.

5.14 The Programme Manager/Director will process any recommendations made by the panel as deemed necessary.

5.15 The decision and findings will be communicated to all relevant parties as appropriate by the Senior Quality Officer, normally within 14 calendar days of the panel. In accordance with the procedure the decision may also be communicated to the relevant professional body.

5.16 If the student is deemed not fit to practise the decision may be noted in any reference requested by the student.

School and University level Appeal Processes

6. The appeal process will follow the University Assessment Regulations with the following differences to the outcomes:

The School Appeal Panel will consider the case and make a recommendation to the Assessment Board that:

♦ There was a material error in the proceedings of the Fitness to Practise Panel. In this case the panel would refer the matter for re-hearing by the original

Fitness to Practise panel or to a fresh hearing by a newly-constituted Fitness to Practise Panel

- Rejected as the grounds for appeal have not been demonstrated.

The University Appeal Panel will consider the case and make a recommendation that:

- Agree that there is sufficient evidence to merit consideration of the appeal on one or more grounds and refer the appeal back to the School for consideration by a new Fitness to Practise Panel. The members of the panel will be different from the original one;
- Rejected as the grounds for appeal have not been demonstrated.

Essential Professional Bodies Fitness to Practise Guidance

General Optical Council (GOC) http://www.optical.org
Guidance on Fitness to Practise procedure
http://www.optical.org/en/our_work/Investigating_complaints/index.cfm

Health Professions Council (HPC) http://www.hpc-uk.org
Fitness to Practise: What does it mean? –
http://www.hpc-uk.org/assets/documents/10002FD8FTP_What_does_it_mean.pdf.
This document sets out the HPC approach to delivering public protection through its fitness to practise processes.

Guidance on conduct and ethics for students - http://www.hpc-uk.org/assets/documents/10002C16Guidanceonconductandethicsforstudents.pdf - This document provides information for students and education providers

Nursing and Midwifery Council (NMC) http://www.nmc-uk.org/
Guidance on professional conduct for nursing and midwifery students
http://www.nmc-uk.org/Documents/Guidance/NMC-Guidance-on-professional-conduct-for-nursing-and-midwifery-students.pdf

This publication has been written by the NMC to help students understand what is expected of them while they are studying, and also to prepare students for life as a registered nurse or midwife.

Approved by Board of Studies in July 2012
The revised Fitness to Practise Policy was approved by the Board of Studies in July 2012 and will come into effect for all new and continuing students from the 2012-13.

GUIDELINES FOR SPEECH AND LANGUAGE THERAPY STUDENTS: GOOD PRACTICE IN WORKING WITH CHILDREN AND YOUNG PEOPLE

These guidelines have been produced by the group of SLT managers who belong to the NHS Consortium that commissions places on the courses at City University, London.

Students are expected to support good practice in working with children and young people and to take seriously their responsibility to protect and safeguard the welfare of children and young people with whom they are in contact. Students need to be aware of and work within local and Trust Child Protection Guidelines. Practice educators should make these available to students as part of their induction to the clinical setting.

Everyone working with children and young people is asked to:

- Treat all children with respect and dignity, reflecting their age, background, culture and special needs
- Develop ways of co-operative working with a child, using positive reinforcement
- Encourage children, young people and adults to feel secure and trusting enough to point out attitudes or behaviour they do not feel comfortable with
- Provide opportunities for children or young people to communicate about any concerns they may have
- Ensure parents always know where their child is
- Not permit abusive peer behaviour, e.g. bullying
- Not do any of the following:
  - -touch a child intrusively or inappropriately
  - -invade the privacy or dignity of children
  - -engage in rough, physical or sexually provocative games
  - -ridicule or reject or make a scapegoat of a child
  - -make sexually provocative comments about or to a young person, even in 'fun'.
  - -intimidate, undermine or physically punish a child.

If you are in any way concerned about a child or about another adult's behaviour, please speak without delay to your practice educator or clinical tutor.

As someone whom a child or young person may develop trust in, a child may tell you about situations in which they have felt uncomfortable. Please refer to guidance below.

HOW TO RESPOND TO A CHILD WANTING
TO TALK ABOUT ABUSE

It is not easy to give precise guidance, but the following may help:

GENERAL POINTS

- Show acceptance of what the child says (however unlikely the story may sound)
- Keep calm
- Look at the child directly
- Be honest
- Tell the child you will need to let someone else know – don't promise confidentiality
- Even when a child has broken a rule, they are not to blame for the abuse
- Be aware that the child may have been threatened or bribed not to tell
- Never push for information. If the child decides not to tell you after all, then accept that and let them know that you are always ready to listen.

HELPFUL THINGS YOU MAY SAY OR SHOW

- I believe you (or showing acceptance of what the child says)
- Thank you for telling me
- It's not your fault
- I will help you

DON'T SAY

- Why didn't you tell anyone before?
- I can't believe it!
- Are you sure this is true?
- Why? How? When? Who? Where?
- Never make false promises
- Never make statements such as "I am shocked, don't tell anyone else"

CONCLUDING – you must:

- Reassure the child that they were right to tell you and show acceptance
- **Inform your practice educator and clinical tutor so that Trust Policy can be followed. If neither are available a senior Trust manager must be informed of the situation.**
- Let the child know what you are going to do next and that you will let them know what happens.
- consider referring to Social Services or the Police to prevent a child or young person returning home if you consider them to be seriously at risk of further abuse.
- **Make notes as soon as possible (preferably within one hour of the child talking to you), writing down exactly what the child said and when s/he said it, what you said in reply and what was happening immediately beforehand (eg a description of the activity). Record dates and times of these events and when you made the record. Keep all hand written notes, even if subsequently typed. Such records should be kept safely for an indefinite period.**
- Consider your own feelings and seek support if needed

CITY UNIVERSITY LONDON

Department of Language and Communication Science
Placements and Disability Policy

This document is intended for use by clinical staff within City University, the placement team, placement providers and students. It has been drafted in consultation with City University disability officers and clinical staff with due regard for Health Professions Council (HPC) guidelines and disability discrimination act code of practice.

Introduction

As a profession we are committed to widening diversity within the speech and language therapy workforce this includes disabled people.

When considering applications to speech and language therapy courses, where a student chooses to disclose a disability (they are not obliged to although they must be given them multiple opportunities to do so) the university considers what reasonable adjustments can be made in order to enable the student to meet the HPC standards of proficiency for speech and language therapists. The admissions team must not take in to consideration whether a person is likely to gain employment following completion of the course when considering whether to offer an applicant a place on the course.

Practice placements form a vital part of any speech and language therapy training course and as such are also required to make reasonable adjustments for disabled students or those with a specific learning difficulty e.g. Dyslexia. HPC points out that students are not required to complete all types of practice placements to meet the standards of proficiency. Where it is deemed that a student would be unable to complete a placement successfully even with reasonable adjustments, providing they can develop skills in order for them to meet the standards of proficiency on other on other placements, it is acceptable for them not to complete particular placements.

The purpose of these guidelines is to develop a system whereby students, placement providers and the university are all treated fairly and with respect and act in a manner that is consistent with their duties as defined by RCSLT, HPC and the DDA.

Procedure

Disclosure

Students are not required to disclose a disability although they are strongly recommended to do so as without disclosure of a disability, appropriate adjustments may not be put in place.

Where a student has disclosed a disability to a member of university staff either through the admission process, to the disability office or elsewhere in the university this information will not be passed on to the placements team unless the student has explicitly given consent for this to take place.

When a student discloses a disability to a member of staff they will be asked to complete a permission to disclose information form (attached) where they will be asked to give their consent for information about their disability to be passed on to the placements office.

Where the placements office or a clinical tutor is given notification of a student's disability this information cannot be passed on to a placement provider unless the student has given their written permission.

Where a student has not disclosed a disability to the placements team or not given permission for the placement to be contacted in advance of the placement it may not be possible to prepare the placement for that student's individual needs. This may result in suspension of a placement whilst reasonable adjustments are made or termination of a placement if reasonable adjustments cannot be made.

Disclosures of disability will then be passed on to the member of the placements with responsibility for disabled students.

Preparation for a Placement

The placements team will hold a bi-annual meeting with the disabilities office in order to consider what adjustments will need to be made for individual students who have declared a disability. The meeting will take place in September to consider continuing students and November to consider new students.

In considering adjustments, the team will be guided by the individual student as they will often have the greatest understanding of their own strengths and needs. The placements team may additionally seek advice from the university occupational health department or speak to the student's clinical tutor. In some cases this process will need to be carried out for each individual placement.

In considering what adjustments need to be made the placements team will consider the students strengths and needs. In order to do this fully the placements team may request more information such as medical information or occupation health assessment this will be done in collaboration with the student and the disability office.

During this information gathering process a member of staff within the department of language and communication science will be nominated as the key contact person for issues relating to each individual student. This may be the student's personal tutor, clinical tutor, professional studies module leader, year leader or programme director. All members of staff including the disability officers will be notified as to the key contact person for each individual student identified as having a disability.

Following this information gathering, providing the student has given permission, the placement provider will be contacted. The member of the placements team with responsibility for disabled students will contact placement coordinator in the first instance. Following this the individual practice educator will be the will be contacted either by the placements team or the students clinical tutor. The purpose of these discussions is to inform the placement of the individual students needs and discuss how the placement might make the required reasonable adjustments. A further discussion of the risks associated with the individual placement setting may also take place. This contact should be made in good time before the start of the placement to enable any required adjustments to be implemented.

A confidential record of the placement preparation process must be kept by the placements office. This will record the information gathering process, the support identified as necessary, whether the student has given permission for the placement to be contacted, which member of university staff will contact the placement and who will be contacted. Following the contact a brief note of the contact and any action points will be recorded.

During the Placement

Once a placement has commenced the student's clinical tutor will carry out the usual support and monitoring systems that apply to all students.

Where a student is having difficulties arising out of their disabilities the clinical tutor will be the first point of contact for the student or placement provider. The clinical tutor

may need to contact the placements team, disability office or module leader in order to resolve any difficulties.

After the Placement

The placements team welcome any feedback regarding the preparation process.

Students identified with disabilities will be contacted at the end of each academic year prior to the commencement of the next year to review procedures for clinical placements and plan for the next year. Clinical tutors may also be contacted at this stage.

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