

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.

Six areas of performance are considered: observation and assessment, planning intervention, delivery of intervention, professional communication skills, clinical responsibility and self – appraisal and personal development. The percentage boxes alongside the target skills should be used as an approximate guide or checklist, through which to arrive at a percentage range for each section. in order to consider setting clinical objectives

The checklist should be used flexibly. Where a skill is not expected because of the student's stage on the course this should be indicated. Similarly, it is recognised that there may be limited opportunities to display some skills in certain settings. If an area is not applicable, this should be indicated. Definitions of the marking bands are provided below as a guide for considering target skills.

Report of Clinical Progress BSc2

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:

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. | |

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| 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. | Despite support, unable to plan evaluation that is suitable for evaluating whether therapy has | With significant support, able to plan adequate evaluation. May not consider a range of tools or people's views. | |

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| outcome measurements, client and carer feedback | been effective | | |
| 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 and considers this in intervention planning | Despite significant support, remains unrealistic in expectations of what other can provide. | With support, develops expectations of what other can provide. | |
| 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 |
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| 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. | |

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| 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 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 significant support, and instruction 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. | 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: | | | |

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