

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 BSc4

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:

CLINICAL PLACEMENT ASSESSMENT DESCRIPTORS FOR QUALIFYING STUDENTS BSc 4

Qualifying students must obtain a pass in all blocks. Non-qualifying students may 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 projects possible outcomes using research and evidence base	Requires significant support 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. 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	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	

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	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. Requires 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	Uses a range of feedback techniques which successfully helps clients' (or others') ability to monitor and improve targeted skills.	

	not usually successful at increasing clients' (or others') monitoring of 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:			

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